



HAMPSHIRE COUNTY COUNCIL HEALTH AND SCHOOL HEALTH SERVICES, 1972

ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER AND
PRINCIPAL SCHOOL MEDICAL OFFICER — Dr. I. A. MacDOUGALL, O.B.E.



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Cover:—*The Central Ambulance
Control at The Castle,
Winchester.*

*Photograph by Mr. Derek A. Chamberlain, “Homedene”,
Bank Street, Bishops Waltham.*

HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORT of the COUNTY MEDICAL OFFICER and PRINCIPAL SCHOOL MEDICAL OFFICER 1972

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1972, covering both the Health and School Health Services.

The past year's work has been greatly affected by considerations designed towards the unification of the National Health Service, which is to take effect from the 1st April, 1974. A great deal of extra work has been carried out by many members of the Department staff, and I would especially mention in this respect the invaluable work carried out by Mr. Lloyd, Chief Administrative Officer, who has been appointed a Joint Secretary of the Hampshire Joint Liaison Committee – a position of immense responsibility and one which he is carrying out with great efficiency.

I would wish to draw your attention to two items which appear in this Report; one on the Family Planning Service and the other on the Chiropody Service. These two important Services are now run directly by the County Council's Health Department, having previously been under the Wessex Branch of the Family Planning Association, and in the case of Chiropody, the British Red Cross Society and the Hampshire Council of Social Service. I gladly pay tribute to these organisations which, as agents for the County Council, have so efficiently operated these services.

When it was decided that the County Council should directly run the Family Planning Service I was very pleased that we were able to appoint Dr. Dorothy Morgan to be in charge of it, for her reputation in this field is both national and international.

The need for a greatly increased Chiropody Service has been apparent for some time and it was agreed that as from April 1972 Chiropody should become a directly administered service for the elderly, physically handicapped and expectant mothers. Mr. R. Jay was appointed as Chief Chiropodist and he is developing the service as rapidly as possible, though sadly hindered at the moment by the lack of qualified staff.

During the year the Health Centre building programme has continued with enthusiasm, and I gladly pay tribute to the County Architect's Department for the skill and expertise which they have acquired in this field, and the tireless assistance they give to my Department.

In concluding this introduction to my Report there are one or two staff matters to which I would like to make reference. Dr. John Dawe left my staff to take up the appointment of Principal Assistant Senior Medical Officer to the Wessex Regional Hospital Board. He gave most excellent service as a member of my staff and I wish him well in the new appointment. Dr. Margaret Chapman has been promoted to take his place as Principal Medical Officer and I am fortunate indeed in having such a competent successor. Dr. Phillip Whitfield, who previously served as Medical Officer in Department for two years, has joined my central administrative staff as Senior Medical Officer and his appointment has given me very great pleasure.

During the year Miss Wadham, Hospital Liaison Health Visitor, and Mr. Tolfree, Chief Speech Therapist, retired after many years of devoted and skilled service. Mr. Tolfree was a pioneer in the field of speech therapy, having first established a clinic in Southampton in 1933.

Finally, I thank most sincerely all members of my staff for the high standard of their work throughout the year. I always feel especially grateful to those whose work takes them amongst the people and into their homes, for they are indeed the front window of this Department and on them to a very large extent rests its reputation. I am as always deeply grateful to the Chairman and members of my Committee for their constant help and encouragement.

I. A. MacDOUGALL
County Medical Officer.

PRINCIPAL OFFICERS

County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

N. M. Bailey, M.D., M.Sc., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.Obst.R.C.O.G., M.R.C.G.P.

Principal Medical Officer:

M. J. Chapman, M.B., Ch.B.

Senior Medical Officers:

P. G. Whitfield, M.B., B.S., D.C.H., M.R.C.G.P.

D. A. Morgan, M.R.C.S., L.R.C.P.

Chief Dental Officer and Principal School Dental Officer:

M. V. Symes, L.D.S., R.C.S.(Eng.)

Deputy Chief Dental Officer:

D. M. Carpenter, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.)

Child Guidance Teams and School Psychological Staff:

Consultant Child Psychiatrists:

P. E. Copus, M.A., M.B. (Camb.), B.Chir., M.R.C.S.,
L.R.C.P., D.P.M.

R. B. Crossley, M.B., B.Ch., B.A.O. (Belf.), D.P.M.

I. Hadfield, B.M., B.Ch. (Oxf.), D.P.M.

A. J. Harbott, M.B., Ch.B., D.P.M., D.Obst., R.C.O.G.

D. R. Thornber, M.B., B.S., D.P.M.

R. F. Zinna, M.D. (Naples), Dip.Psych. (McGill),
B.P.N., M.R.C.Psych.

Senior Educational Psychologist:

L. F. Lowenstein, M.A., Dip.Psych., Ph.D.

Senior Psychiatric Social Worker:

Miss W. Barnes, A.A.P.S.W.

Chief Speech Therapist:

Mrs. S. M. Price, L.C.S.T.

Senior Audiologist:

R. M. Macpherson.

Director of Nursing Services:

Miss J. C. Maughan, S.R.N., S.C.M., H.V.Cert.

County Ambulance Officer:

G. E. Turner, F.I.A.O.

Health Education Officer:

Miss P. J. Pitcairn-Jones, S.R.N., S.C.M., H.V.Cert.,
Dip.H.E.

Chief Chiropodist:

R. J. L. Jay, M.Ch.S.

Chief Administrative Officer:

P. L. Lloyd, D.M.A., F.I.L.G.A.

GENERAL AND VITAL STATISTICS

Population

The population of the Administrative County estimated by the Registrar General in Mid-1972 was as follows:

Urban Districts	..	..	..	..	638,270
Rural Districts	..	..	..	..	396,880
Administrative County	..	..	..	..	1,035,150

<i>Year</i>	<i>Population</i>	<i>Year</i>	<i>Population</i>
1961	775,160	1967	932,350
1962	801,740	1968	955,960
1963	822,830	1969	977,280
1964	854,790	1970	992,610
1965	879,500	1971	1,013,130
1966	905,060	1972	1,035,150

Vital Statistics

Live births	..	..	..	..	..	..	..	..	16,592
Live births—rate per 1,000 population	..	..	..	..	..	..	..	..	16.0
Illegitimate live births per cent. of total live births	..	..	..	..	..	..	..	..	6.0
Still births	..	..	..	..	..	..	..	..	159
Still birth rate per 1,000 live and still births	..	..	..	..	..	..	..	..	9
Total live and still births	..	..	..	..	..	..	..	..	16,751
Infant deaths (deaths under 1 year)	..	..	..	..	..	..	..	..	242
Infant mortality rate per 1,000 live births—total	..	..	..	..	..	..	..	..	15.0
Infant mortality rate per 1,000 live births—legitimate	..	..	..	..	..	..	..	..	15.0
Infant mortality rate per 1,000 live births—illegitimate	..	..	..	..	..	..	..	..	14.0
Neo-natal (deaths under four weeks) per 1,000 live births	..	..	..	..	..	..	..	..	9.0
Early Neo-natal (deaths under one week) per 1,000 total live births	..	..	..	..	..	..	..	..	8.0
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	..	..	..	..	..	..	..	..	17.0
Maternal deaths (including abortions)	..	..	..	..	..	..	..	..	1
Maternal mortality rate per 1,000 live and still births	..	..	..	..	..	..	..	..	0.06

Live and Still Births

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i> <i>Hampshire</i> <i>England and Wales</i>	
Live Births:					
Legitimate	8,065	7,532	15,597	15.0	
Illegitimate	511	484	995	1.0	
			16,592	16.0	14.8
Still Births:					
Legitimate	76	69	145	0.19	
Illegitimate	5	9	14	0.01	
				0.20	—
Total Live and Still Births	8,657	8,094	16,751	16.2	—

Deaths

<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i> <i>Hampshire</i> <i>England and Wales</i>	
5,197	5,034	10,231	9.9	12.1

The main causes of death continue to be diseases of the circulatory system and cancer.

	<i>Number of Deaths</i>					
	1972	1971	1970	1969	1968	1967
Diseases of the circulatory system	5,341	5,154	5,283	5,140	5,339	4,938
Cancer	2,108	2,215	1,977	2,034	1,912	1,888
Pneumonia	718	657	682	674	724	557
Bronchitis	367	358	401	452	439	348

Deaths of Infants Under One Year

	<i>Number</i>	<i>Administrative County</i>			<i>England and Wales</i>		
		1970	1971	1972	1970	1971	1972
Total infants per 1,000 live births	242	15.5	15.0	15.5	18.0	18.0	17.0
Legitimate infants per 1,000 legitimate births	228	15.6	15.0	15.6	17.0	17.0	17.0
Illegitimate infants per 1,000 illegitimate births	14	14.5	26.0	14.5	26.0	24.0	21.0

Deaths of Infants Under Four Weeks

	<i>Number</i>	<i>Rate per 1,000 total live births</i>
Neo-Natal deaths (deaths under four weeks)	148	9.0
early Neo-Natal (deaths under one week)	127	8.0
	1972	1971
The number of babies dying under the age of four weeks was as follows:		
Dying before 24 hours	127	108
Dying between 1 day and 1 week		57
Dying between 1 week and 4 weeks	21	23
Total	148	188
	<i>Number</i>	<i>Rate per 1,000 total live and still births</i>
Perinatal (still births and deaths under 1 week combined) ..	286	17

NATIONAL HEALTH SERVICE ACT, 1946

Co-ordination, Co-operation and Integration

The policy of the County Council over the past eighteen years has been to work as closely as possible with the General Practitioner and Hospital Services; to co-ordinate, co-operate and integrate the Services to an ever-increasing degree and in every variety of way. It is, I am convinced, only by such development that the patient can receive the maximum benefit from the Health Service.

In my report for 1967 I dealt fully with the many aspects of this policy as it has been applied in Hampshire and in particular emphasised the overriding importance of the **General Practitioner Attachment Scheme**, whereby Health Visitors, District Nurses and Midwives are attached to family doctors, and **Health Centres**.

During the year the development of the Health Centre Building Programme continued. In December the seventh and largest Centre at Aldershot was completed with an opening planned for January 1973. This Health Centre, providing ten General Practitioner suites, a well equipped treatment room and a wide range of Local Authority services, also has a British Red Cross Society Medical Loan and Information Room, X-ray facilities for the South-West Metropolitan Regional Hospital Board and is the first in the County to offer accommodation to General Dental Practitioners.

Building work started on the Centres at Basingstoke, Tadley, Alton and an extension to Rowner (Gosport).

Plans were completed and agreed for the commencement of work before the end of March 1973 on Centres at Denmead, Yateley, Christchurch and Chandler's Ford.

Initial design and planning started on Centres at Havant – housing twenty General Practitioners – Hythe extension, Gosport, Ringwood and Waterlooville.

Two large Centres at Totton and Fareham were nearing completion with the planned openings in June 1973.

The current position in the Building Programme is shown on the accompanying map overleaf.

Work of the Clinical Medical Officers in Department

There has been increased involvement in developmental paediatrics not only in Child Health Clinics but also in General Practitioner surgeries and in Health Centres.

Further diversification of interests has been encouraged, and in addition to the normal work with pre-school children, the School Health Service, Handicapped Children, and Special Schools, there have been more attachments of Medical Officers to Child Guidance Clinics, Audiology Clinics, and paediatric hospital clinics.

The Confidential Enquiry into Congenital Abnormality

Notification of congenital malformation continues, and in this connection assistance has been given to the Committee on Safety of Drugs. No unusual incidence has been noticed but significant trends would not be expected to emerge from the figures of a single County.

Pre-School Audiology Service

Screening Tests

7,090 screening tests were carried out during the year by the Health Visitors. Of these 1,206 were under observation.

363 of the total number screened were reviewed at the bi-monthly assessment clinics.

38 were found to have some degree of conductive deafness and were referred for Medical treatment locally.

12 new cases of severe perceptive deafness as the result of diagnostic tests were added to the list of children under training by the Audiologists.

Domiciliary Visits, Auditory Training and Parent Counselling

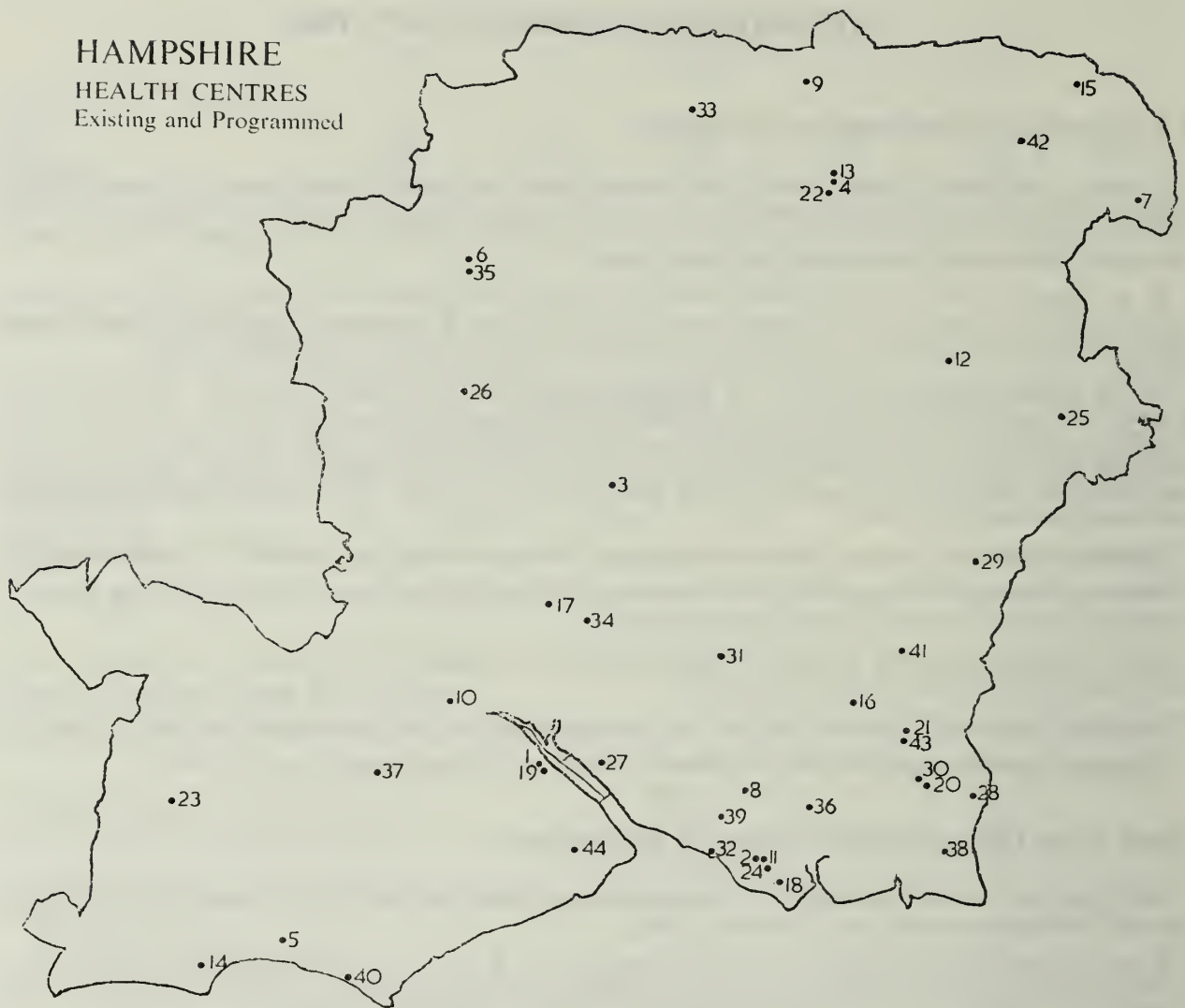
There were 52 children under domiciliary training during the year.

Evening group sessions in parent guidance have continued. As an extension of this a monthly parent guidance day held at The Red Cross Centre, Durngate, which consists of lectures, discussions, and films has been initiated. During discussion sessions particular attention is paid to family problems which interfere with successful parent/child relationships and we are particularly indebted to a Senior Psychiatric Social Worker for contributing to these meetings.

HAMPSHIRE

HEALTH CENTRES

Existing and Programmed



Miss J. Dodds, M.A., Dip.Aud., joined the staff of Audiologists in May to work in the Northern area of the County and this has greatly reduced the pressure of work on the other two Audiologists.

The Hampshire branch of the National Deaf Children's Society has continued to co-operate with the Audiology Department and the toy library mentioned in last year's report which is organised by the Region, has greatly increased its stock during the last year and many parents have free use of teaching material which would otherwise not be available to them.

Family Planning

The past few years have brought a growing awareness of the need for family planning as a part of a comprehensive medical service. To fulfil this need the Health Committee at its meeting in October 1971 agreed to the provision of a directly administered service from the 1st April, 1972.

Prior to this the Wessex Branch of the Family Planning Association had provided the service on an agency basis.

In order to ensure a smooth changeover, a small Liaison Committee consisting of two Family Planning doctors, a nurse and clinic secretary met on several occasions with officers of my Department and I am grateful for the assistance they gave, as well as the continued support their colleagues gave in continuing to provide this service on and after the 1st April, 1972.

Mention must be made of the help received from the officers of the Wessex Branch of the Family Planning Association during the years they have been acting as Agents for the County Council and also in providing information and helpful suggestions which enabled the Service to continue without patients suffering any inconvenience during the period of change.

The lay workers in their voluntary role agreed to continue to help and again grateful thanks are due to them.

KEY TO MAP (see opposite)

Number	Health Centre	Operational Date/ Building Year	G.P. Suites	G.D.P. Suites
1	Hythe* (see 19)	May 1965	8	
2	Rowner* (see 11)	Sept. 1969	5	
3	Winchester	Sept. 1970	11	
4	Basingstoke I	Aug. 1970	8	
5	New Milton	Oct. 1971	6	
6	Andover	Nov. 1971	8	
7	Aldershot	Dec. 1972	10	2
8	Fareham	Open June 1973	9	
9	Tadley	Open June 1973	5	
10	Totton	Open June 1973	12	
11	Rowner Extension* (see 2) ..	Oct. 1973	0	
12	Alton	Open June 1974	7	
13	Basingstoke II	Feb. 1974	8	
14	Christchurch	April 1974	6	
15	Yateley	April 1974	6	
16	Denmead	Aug. 1974	4	
17	Chandler's Ford	Aug. 1974	5	2
18	Gosport War Memorial* (see 1)	1973/74	9	
19	Hythe Extension	1973/74	10	
20	Havant	1973/74	20	
21	Waterlooville	1973/74	4	
22	Brighton Hill, Basingstoke ..	1973/74	4	
23	Ringwood	1973/74	7	
24	Gosport (Forton Road) ..	1973/74	4	
25	Bordon	1974/75	4	
26	Stockbridge	1974/75	3	
27	Hound Corner	1974/75	4	
28	Emsworth	1974/75	6	
29	Petersfield	1974/75	6	
30	Leigh Park, Havant	1974/75	4	
31	Bishops Waltham	1974/75	3	
32	Lee-on-Solent	1974/75	4	
33	Kingsclere	1974/75	2	
34	Eastleigh	1974/75	10	
35	Andover (S/Central)	1974/75	8	
36	Portchester	1974/75	5	
37	Lyndhurst	1975/76	2	
38	Hayling Island	1975/76	3	
39	Stubbington	1975/76	3	
40	Milford-on-Sea	1975/76	4	
41	Clanfield	1975/76	2	
42	Hartley Wintney	1975/76	4	
43	Waterlooville (Brambles Farm)	—	4	
44	Blackfield	1975/76	3	

The direct service has largely removed the financial barriers for patients seeking birth control advice, by providing free advice and consultation and a nominal charge is made for preparations bought. Where patients are referred for medical and social/medical reasons no charge is made at any time.

Since April, the aim has been to make the service more accessible to all women in the community, to train more staff for future expansion, to maintain and improve the standard of medicine within the clinics and participate in any project that will produce acceptable contraceptives. This, it is hoped, will motivate more responsible parenthood, for it is said in the report "Pregnancies in Great Britain" (Family Planning Association Conference 1971) that one in two pregnancies is unplanned, one in five pregnancies is unwanted and one in ten pregnancies is aborted. The prevention of unwanted pregnancies is expensive, but for every £1 spent on family planning by the Local Authority, the Community saves £100 in health and welfare services, (Political and Economic Planning, "The Costs and Benefits of Family Planning 1972"). Most important of all, if Family Planning Services can expand and reach their objectives, then the ensuing achievements in the relief of human misery are incalculable in any coin of the realm.

Dr. Dorothy A. Morgan was appointed to the post of Senior Medical Officer (Family Planning), to advise and co-ordinate the service and her role has been to assess the need, the availability of both staff and premises, to co-operate with the Hospital Service and neighbouring authorities in offering to patients an improved service.

Meetings have been held of Family Planning doctors in order to exchange ideas and to raise questions on policy, techniques and difficulties that may arise in the day-to-day running of the Clinics. Similarly, meetings of the Nursing Staff have been held, and the Director of Nursing Services, Miss J. C. Maughan, is anxious that the Family Planning Nurse should become part of the Nursing Service as a whole.

Again it has been found useful and necessary to have periodic meetings with the Clinic Secretaries in order to explain day-to-day thinking and for the interpretation of policy as it effects the administration of the service.

Liaison has been developed during the year with Hospital Obstetricians and Gynaecologists on the role of Family Planning within the Hospital Service and as a result Dr. Morgan has been able to commence clinics in hospitals in Fareham, Petersfield, Farnborough and Winchester. As this develops, it is hoped that it will be possible to advise mothers in the maternity wards.

At the end of the year 27 Family Planning Clinics were being held in County Council Health Clinics, Health Centres, Hospital premises as well as in a Group Practice accommodation and two privately owned halls.

A domiciliary service continues to be provided in both the Basingstoke and Bordon areas, but it is hoped that some patients, who have commenced as domiciliary patients, will attend clinics in the future.

During the year, Totton and Winchester Clinics were recognised as training clinics, where doctors and nurses can receive practical instruction before qualifying for their Family Planning Certificate. In May 1972, a training course for general practitioners was run at the Winchester Post-Graduate Centre by the University of Southampton, in which Senior Hampshire Family Planning Doctors participated and have since taken part in the training of general practitioners who wish to complete the Family Planning training.

I welcome the opportunity afforded to Dr. Morgan to involve the Family Planning doctors within the Administrative County, in research trials conducted by the Medical Schools or Pharmaceutical Companies. Such involvement in the practical implications must be helpful and valuable in the future planning of such a vital service.

In Basingstoke where it has not yet been possible to obtain alternative accommodation, the Family Planning Association has continued to provide the service on an agency basis, thus supplementing the clinic which is administered by the Authority in that area.

Within the delegated areas – Gosport Municipal Borough and Havant and Waterloo Urban District – Family Planning Services operated on a directly administered basis in 1972 and their clinics numbering four, are included in the 27 clinics already mentioned.

During 1972 some 4,363 new patients were seen within the whole of the Administrative County. (The Department of Health and Social Security define a new patient as "one who, as far as is known, has not visited a clinic in the previous three years".) The total number of attendances made by patients, including new patients, was 26,588, for which some 1,647 sessions were necessary.

I know that 1973 will see a continued desire to improve the service and to reach those patients in need of advice who at present do not avail themselves of the services available. This will be achieved by better publicity and as a result of making hospital staff and family doctors aware of the Local Authority's facilities.

With 1974 now in view, greater co-ordination will be achieved with neighbouring authorities and those who will come within the new unified Health Service.

May I again thank all the Family Planning staff for their willingness and help during the year.

County Nursing Services

The employment of all Local Health Authority nursing staff in general practices continues to flourish and is being enhanced as Health Centres open. Medical and nursing staff can improve patient care both in quality and quantity when premises are purpose-built and the lines of communication are shortened.

During 1972 links with the Hospital Services continued to be strengthened. Health Visitors attend Out-Patient Departments in relation to paediatric care, and close contact and consultation concerning the care of the elderly within Day Hospitals is proving a valuable contribution to the Geriatric Services. Development at Knowle and Basingstoke of hospital nursing staff visiting psychiatric patients in the community is forging a close link between Local Health Authority staff and staff in Psychiatric Hospitals, and also improving very considerably the care of these patients. The continued placement of student and pupil nurses with community experience is giving hospital nurses an increasing understanding of patients and their environment. At management level Local Health Authority and Hospital Officers are having joint meetings and cross-representation at meetings which is aimed at making integration in 1974 a practical reality and not just a paper ideal.

Vaccination and Immunisation

The computerised Immunisation and Vaccination Scheme has now been fully operational in the Hampshire County area since 1970, and the number of General Practitioners participating in the scheme has continued to increase.

Appointment lists were produced for all areas for over 400 doctors and 100 County Council Clinics where Medical Officers carry out the immunisations and vaccinations. The computer produces a list for General Practitioners and the Clinics setting out the children who are due for routine immunisation and vaccination and sends appointment postcards to parents.

During 1972 all Health Visitors in Hampshire were given the opportunity to visit the office to discuss in detail the running of this scheme. Their visit included an interesting tour of the Computer Room and the Data Processing facilities.

As a result of the recommendation by the Department of Health and Social Security in 1971 to discontinue routine Smallpox vaccination, the numbers of Smallpox vaccinations given in 1972 are very low.

The statistical table set out on page 20 shows the acceptance rate for children who completed their primary courses by the 31st December, 1972. The acceptance rates for 1970 are shown, but for 1971 and 1972 no figures are included, as the recommended schedule of timing is now widely used in the County. This means that children do not complete their primary course of injections until the second year of life. Consequently no acceptance rate figures will be available for children born in 1971 until 1973.

Vaccinations against Rubella

During the year 1971/72 Rubella vaccination was offered to all girls between their eleventh and fourteenth birthdays but in the year 1972/73 Local Health Authorities were required to carry out Rubella vaccinations of eleven-year-old girls only. By the end of 1972, 9,124 girls had been vaccinated.

Ambulance Service

Operations

Increasing demands on the Service with a consequent increase in Control Room staff plus the introduction of telex facilities in recent years has led to overcrowding in the Control Room and in 1972 it proved possible to increase the floor space by some 120 sq. ft. and thereby improve the layout.

All the Control Room staff became uniformed in 1972 whereas previously only the Control Officers and male Control Clerks had worn uniform.

The Family Doctor Immediate Care Scheme for road accident victims and other emergencies in the Hythe area resulted in the attendance of doctors at 74 incidents out of a total of 104.

Two major accident exercises were held during the year, the Ambulance Service participating in both to different degrees. The first, in daylight, was staged as an explosion at Fawley Power Station and the second, on a dark winter's evening, involved a crashed helicopter. Valuable lessons were learnt on both occasions and also from a real incident with major accident potential when a train of oil tank wagons became derailed near Romsey. Besides effective control and communications, the need for warm clothing and emergency rations where a long vigil is involved was highlighted.

Quotations were invited for the supply and installation of a new high band FM radio scheme incorporating quasi-synchronous keying, selective calling, receiver voting, vehicle interrogation facilities with time injected printout in the Control Room.

Stations

Road access problems continued to delay progress with the scheme for a new Ambulance Station at Andover but I am hopeful that a start will be made in 1973.

Vehicles

Twelve new ambulances and two sitting case vehicles were delivered during the year and work began on marking all ambulances on each side with a red reflective "flash" with white border. A truck for general purpose use was provided at the Ambulance Training School and also a car for driving training.

Staff

In view of increased demands on the Service the following additional staff were appointed:—

N.E. Hants – 3, Fareham – 1, Gosport – 3, Christchurch – 2, Central Control – 1.

The volunteer drivers of the Ambulance Car Service continued to provide a valuable supplementary service for walking patients. Eighty-six enquiries were received from new volunteers and, of these, 25 were interviewed and 19 subsequently enrolled, both to replace drivers who had retired on reaching the age of 75, and also to meet increasing demands.

Equipment

The County Council were hosts to a sub-committee of the Institute of Ambulance Officers which had been asked by the Ambulance Service Advisory Committee of the Department of Health to conduct a study on Ambulance Service carrying chairs and carrying sheets. A number of manufacturers very kindly lent equipment and this was collected at the Southern Ambulance Training School at Bishops Waltham where the evaluation of the equipment took place. A comprehensive report was subsequently submitted recommending a specification for what was considered to be the ideal carrying chair and carrying sheet.

With the co-operation of the medical staff at Basingstoke Hospital tests were carried out during the year using the Ambulance Service radio telephone equipment to transmit electrocardiographs from a mobile ambulance to

the Coronary Unit at the Hospital. These proved satisfactory but the use of this technique operationally would clearly need a "clean" signal of reasonable strength, hence the range would be limited and a radio channel required which carried a minimum of other traffic. In view of the urgency associated with cardiac conditions a complementary piece of equipment appears to be a portable defibrillator which can be carried in the ambulance and which the ambulance crew are qualified to use. Two alternatives follow: the ambulance crew using the defibrillator on the instructions of a doctor who is viewing the E.C.G. at the hospital end or the ambulance crew acting on their own initiative thus dispensing with the need for a radio link. With the willing co-operation of Dr. J. M. Fowler, Consultant Physician at Basingstoke Hospital, 15 ambulance personnel have in fact been trained in the reading of E.C.G.'s and the skill of defibrillation and consideration is being given to equipping two ambulances as special coronary vehicles in 1973.

Further battery operated aspirators were donated to the Service during the year as follows:—

Andover Ladies Circle – 2

Gosport Rotary – – 1

Aldershot Interwheel – 1

Eastdene Ladies Club – 1

Fleet Ladies Circle – 2

Staff of Basingstoke Ambulance Station (sponsored walk to London) – 1.

The gift of these life-saving items of equipment was very much appreciated.

Training

1972 was a busy year at the School, the total amount of training undertaken amounting to 1,786 student weeks. The demand for course places continued to outstrip the accommodation available but alterations and additions were started which will enable the school to cope with additional numbers of students in 1973.

In addition to the usual courses for recruits and refresher training for experienced ambulancemen, several new courses were run with the support of the Department of Health and Social Security and the Local Government Training Board. These included a special management course and also ambulance aid refresher courses and control courses.

A course for potential instructors was run as in previous years and I mention this in particular because it is gratifying to note that this type of course has met with official approval and has been recommended by the Department of Health and Social Security to other ambulance training schools, prior to staff being recommended for a course at Wrenbury Hall. First line supervisory courses were carried out at the request of the Local Government Training Board as pilot courses for assessment and these also have been recommended for adoption by other schools.

Attention turned to driving training during the year and a further Assistant Training Officer with a Metropolitan Police Driving Instructors Certificate was appointed to assist with this. The Deputy County Ambulance Officer and the Assistant Ambulance Officer (Training) attended a special senior instructors course at Wrenbury Hall in April 1972.

Considerable interest in the school is evidenced by the number of distinguished visitors who arrive. These include overseas visitors, Naval Surgeons, a considerable number of Principal Nursing Officers and the Central Office of Information who have used the school staff and facilities for the making of two medical films.

Mention should also be made of the ancillary work of the school in providing all first aid training for the Hampshire Fire Service, assisting the Royal Navy with light rescue and civil defence training, arranging some instruction in first aid in schools and also in introducing young school children to the Ambulance Service by helpful talks and displaying ambulance vehicles and equipment.

Three meetings were held with the Medical Commission on Accident Prevention in relation to the advanced training scheme for ambulance personnel to which I referred in last year's report. This pilot scheme continues to flourish and as personnel become fully trained they are issued with a special equipment bag containing the necessary items to enable them to carry out intubation and intra-venous infusion.

Health Education

In implementing the Health Education Working Party Report we have since April 1972 had a staff of four Health Education Officers, three full-time and one part-time.

Health Education Seminars

In June the first of a series of training seminars was held in the Health Clinic at Fareham. This was for Departmental Medical Officers, Health Visitors, Midwives and District and School Nurses.

Since then, 21 Seminars have been held in all four Health Education areas.

At each Seminar we have discussed:

1. The changes in Education techniques in schools.
2. How our Health Education contribution has developed to meet the present needs.
3. The resources material available to help our advisory role.
4. Folders of leaflets to take to school selection visits and visual aid catalogues have been given to all Health Visitors and their use discussed.

In the afternoon of these Seminars, Midwives and Health Visitors have discussed:

1. Ante-natal preparation.
2. Health Education from the Surgery or Health Centre.
3. Bridging the gap from the home to school.

Leaflet folders have been given to all Midwives who run ante-natal classes widening the range of information given from preparation for labour to include health in pregnancy, smoking and pregnancy, diet, dental care, family planning and emotional developments.

We have had a satisfactory response to the questionnaires given to each member at all Seminars and have modified the programmes accordingly. We are preparing a second series of Seminars for 1973.

The Health Education Co-ordinating Committee continued to meet under the Chairmanship of Dr. Colley. The subjects of special study at these meetings were:—

1. **Paediatrics** – A talk by Dr. John Greaves in Winchester.
2. **First Aid** – an excellent demonstration by Mr. Gostlow at Claylands Ambulance Training School.
3. **Genetic Counselling** – slides and general discussion by Dr. Elspeth Williamson to general practitioners, health visitors and hospital staff at Hythe Health Centre.
4. **Family Planning** – a panel and group discussion at Fareham.
5. **A Symposium of Sound** at Odiham Area Nursing Office, a most enjoyable and original day.

Display Work

At an open day at Andover Health Centre we displayed “Aspects of Ante-Natal Teaching” to an invited audience of general practitioners, midwives, health visitors and senior school girls. The display stands have since been used at the Teaching Unit at Basingstoke Hospital and also for meetings in Health Centres. The monthly poster theme with occasional supporting displays has been put up at all Health Centres, Health Clinics and at some Group Practice Surgeries. The number of these display sites have increased from 13 to 24.

A display of the Services offered from a Health Centre was taken to the Southsea Show at which we collaborated with the Portsmouth Health Education Unit showing the services offered by the County Medical Department to the many visitors who came into Southsea from surrounding villages.

Adult Health Education

Although we have not sent a circular offering talks to adult groups, requests for talks have continued to reach us, usually from satisfactory past experience of a speaker from the department. We have met all these requests either by putting the group in touch with a suitable speaker or by the participation of one of the Health Education Officers.

There has been an increasing number of multi-disciplinary meetings to discuss common problems. This reflects the need we all feel for closer professional communication. The feedback from these meetings when pooled by the Health Education Team is often a growing point for practical activity in the area of the meeting.

Other Adult Education

We have continued to contribute to the Staff Training Programmes of general practitioners, residential child care house parents, home helps, district nurses and hospital training schools.

Venereal Disease Education

The proposed visit of the Health Education Council's mobile educational trailer in 1973 on the venereal diseases was confirmed and visits were made to two proposed sites. The Consultant Venereologists of Southampton and Portsmouth met the County Health Education Officers and the Health Education Council's Training Officer and drew up preliminary plans. We have also been encouraged by the series of six posters "designed to deliver their message in a subtle and tasteful manner" which the advertising agency Cootes, George and Mutlow have made available at the low price of 5p each poster. These are popular at Health Centres and schools as their black and white picture with an arresting slogan appeals to young people and is effectively used with the address of where to get help. An example of this, an aircraft with the small caption "Make sure this is all you will be catching on holiday this year" seems to be acceptable in clinics and schools.

The Consultant Venereologists have continued to join the Health Education and School Health staff in several schools and facts about venereal diseases have been taught by the members of the Health Department staff to 25 of the 67 Secondary Schools in the County. In the other schools there may be teaching without recourse to the School Health staff, using the mass media of television and radio.

Smoking and Health

Following the impetus of nationwide publicity on smoking and health outlined in the 1971 report, Health Education Officers and other Health staff have maintained activity in this field. The subject is included in a good proportion of Junior and Secondary Schools throughout the County. Health staff have promoted the topic in more schools and have been involved themselves in some sessions. It has been integrated with lessons in Science, P.E., and Courses on Personal Responsibility in Secondary Schools.

Literature, posters and other material have been used in Clinics and Health Centres in the County. Health Education Officers have associated with A.S.H. (Action on Smoking and Health) meetings including a conference in July entitled "Stopping them Starting" and participation in study groups on particular aspects of the smoking problem. The Department of Education and Science published an Education Information booklet entitled *Smoking and Health in Schools* and this has been useful in Hampshire Schools during the year. The announcement of a new film on smoking to be available shortly was very much welcomed at the end of the year.

Health Education in Schools

During the year the Health Education Officers spent more time than formerly visiting schools both in an advisory capacity and in participating in teachers' meetings at the Curriculum Development Centres. This has been in line with our declared policy to stimulate and support the Health Education activities of others.

The Staff Training Seminars as already described has made this point, and teachers also, stimulated by the Educational Departmental Working Party on Health Education has made requests to us for discussion of programmes and the chance to preview and test out some of the health teaching material owned by the Department.

We have made 161 of these advisory visits to Secondary and Primary Schools.

We have participated in 98 teaching sessions.

We have attended 23 Teachers' Centres meetings.

We have worked with the Education Advisors on 21 working occasions.

Teaching material has been used by our staff in schools on 452 occasions.

In some schools parents have participated in the classroom programme.

Prevention of Dental Decay – the Fluoridation of Water Supplies

The recommendation of the Health Committee to introduce fluoridation of the water supplies, which would so effectively reduce the incidence of caries, has yet to be implemented by the County Council.

Medical Loans Scheme

The British Red Cross Society continue to act as agents to the County Council for the Medical Loans Scheme, which provides items on loan to patients who are being nursed or cared for in their own homes.

This service is augmented by the provision and installation of the rather more specialised technical equipment by staff of my department, who are also able to give advice to doctors, district nurses and other ancillary staff on the suitability of the equipment available.

District nurses are encouraged to make full use of the service and by doing so are able to bring into the homes of the sick some of the modern aids which are commonly used in the hospitals.

During 1972, 1,049 "special" items of equipment were supplied, and 255 service visits were made. This involved a total of 22,964 miles – an average of 12.4 visits and 90.8 miles for every working day.

Renal Dialysis

Four patients' homes were converted for Home Dialysis in 1972. In addition, a portable building was purchased to go on site at Totton, where it was not suitable to convert a room. To date, there are 21 patients on Home Dialysis.

Cervical Cytology

Ninety-six sessions were held in the twelve months in five County Council Clinics and altogether 1,620 women attended for cervical smears to be taken. Of these, 545 were first visits and 1,075 attended as a result of the five-year recall procedure which began in March. Under this procedure all women who had smears taken five years previously, irrespective of where this was done, are invited to come forward for a "repeat smear" either at their own doctor's surgery or at a County Council Clinic, whichever they prefer.

Fortunately, only two women were referred to their own G.P. for further examination.

The scheme for writing to all the women patients of 35 years of age and over of the doctors practising in Basingstoke commenced in April, and by the end of the year approximately 5,663 letters had been sent. Figures for the Basingstoke Clinic for the year show an increase in numbers of women attending for the first time of about 69%. This is an encouraging sign and final evaluation of this scheme will be made on its completion in 1974.

Clinic attendances – January 1972 to December 1972

<i>Clinic</i>	<i>Total seen</i>	<i>Recalls</i>	<i>First time att.</i>
Eastleigh	654	485	169
Basingstoke	384	183	201
Aldershot	241	167	74
Winchester	254	191	63
Christchurch	87	49	38
Fareham	—	—	—
Total	1,620	1,075	545

Chiropody

The Chiropody Service in Hampshire was started in 1953 on an entirely voluntary and localised basis and was confined to the needs of old people. Initial expenditure on the service was met by those local Old People's Clubs and Committees that had some small funds available for this purpose. In the same year the voluntary bodies inaugurated an annual flag day of which 80% of each collection was returned to the local Old People's Clubs and committed to finance chiropody only.

In 1958 the County Council was given power to provide funds for a Chiropody Service and as a matter of policy the County Council decided to grant aid to the Hampshire Council of Social Services and the British Red Cross Society with a view to expanding the service. The first grant for the year ending 31st March, 1961, amounted to £500, and this has been increased year by year. During the calendar year 1969 the Chiropody Service was directed towards people of retirement age, especially those clinics run by the Hampshire Council of Social Services, whereas the British Red Cross Society covered other categories, such as the physically handicapped.

Following a Working Party report, the Health Committee agreed that from the 1st April, 1972, chiropody should become a directly administered service for the elderly, physically handicapped and expectant mothers. Gosport Municipal Borough agreed to a directly administered service, but Havant and Waterloo Urban District decided to ask the Havant Council of Social Services to continue to provide a service in that area.

The Chief Chiropodist, Mr. R. Jay, and six Chiropodists are whole-time employees, the remaining 46 Chiropodists being engaged on a sessional part-time basis. The goodwill and co-operation of staff, whether Chiropodists, organisers, or members of the British Red Cross Society and the Hampshire Council for Social Services who organise clinics and transport, was necessary to effect a smooth changeover and I am grateful to all personnel, who made this possible.

The Service, since the changeover, has been beset with lack of qualified staff – this is due to a national shortage of Chiropodists who have undergone a three-year course leading to a qualification recognised by the Department of Health and Social Security and the Chiropodists Board. The shortage has been brought about by the lack of incentives and lack of encouragement for people to enter the profession. The way to overcome this shortage is to be able to offer the Chiropodists better working conditions, modern equipment and better pay scales combined with a more progressive career structure.

The premises in which chiropody treatment is offered are in some cases of a very poor standard with hazardous approaches to the halls, very poor lighting and usually with no hot water. However, developments are being considered and as clinic accommodation in local authority premises or Health Centres becomes available, better facilities will be offered as an inducement to recruitment coupled with the modern equipment.

Statistics for 1972 show that some 12,192 patients received treatment, of whom 11,876 were aged 65 and over; 215 were physically handicapped or otherwise disabled persons under the age of 65. The 12,192 patients received a total of 49,428 treatments, of which 8,431 were carried out in patients' homes.

It is hoped that as more Health Centre premises open and with the probable use of mobile clinics, 1973 will see an improvement in the service available to patients; and the better working conditions for staff and the achievement of giving longer-lasting patient comfort. The help received from Chiropodists, the British Red Cross Society, the Hampshire Council for Social Services and the local Organisers is gratefully acknowledged.

Venereal Diseases

I am indebted to Dr. Warren, Director of V.D. Services, for the following section:

(a) <i>Wessex Clinics</i>				<i>New Patients</i>			
				1969	1970	1971	1972
Southampton	..	..	..	3,299	3,424	3,968	4,781
Portsmouth	..	..	..	2,236	2,464	3,065	3,385
Winchester	..	..	..	294	351	367	358
Bournemouth	..	..	..	1,159	1,443	{ 2,846 }	3,520
Poole	..	..	..	358	134		
Weymouth	..	..	..	102	138	158	176
West Dorset	..	..	..	52	43	64	70
Isle of Wight	..	..	..	172	182	228	284
Salisbury	..	..	..	259	333	379	516
Total	..	..	..	7,931	8,512	11,075	13,090

(b) <i>Adjoining S.W.Met.R.H.B. Area Clinics</i>							
Aldershot	..	..	..	332	326	285	472
Chichester	..	..	..	275	348	486	442
Guildford	..	..	..	496	526	582	724
Total	..	..	..	1,103	1,200	1,353	1,638
Grand Total	..	..	..	9,034	9,712	12,428	14,728

NOTES ON WORK OF SPECIAL TREATMENT CLINICS

Syphilis

The number of cases of early infectious syphilis shows a slight drop to 37 (39). Fourteen infections were acquired locally. Twelve overseas and one elsewhere in the United Kingdom among the male patients. All five female patients were infected in the locality of the clinics. Four ante-natal patients attended at one clinic in Wessex with syphilis. All four were treated and in every instance the babies were protected from infection.

The homosexual study undertaken in 1971 showed the major problem to be in the larger centres of population. This is not a major problem as far as syphilis is concerned in Wessex although a small number of homosexually acquired infections are recorded.

Gonorrhoea

There is a significant fall in the total numbers of cases of gonorrhoea, 1,667 (1,719). Southampton 556 (576). Bournemouth 534 (521). Portsmouth 413 (463) are once again the major contributors. It is interesting to note that more female gonorrhoea patients were seen in Bournemouth than in any of the other Wessex clinics and it is satisfactory to note that the total ratio of male to female patients in Wessex was one male to 0.65 females. This probably reflects the results of improved contact tracing.

Homosexual Infections

Here again there seems to be a direct relationship between the size of the community and the percentage of homosexual infections. The highest recorded figure was 14% at one of the major clinics. This is a problem which has to be borne in mind at all the centres and is a significant factor in the failure to control gonococcal infection.

Teenage Incidence

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Under 16	5	8	13
16-17	23	70	93
18-19	116	152	268
<i>Total Teenage Incidence</i>	..	..	374

Other Conditions

The sharp rise in this category shows the increasing use of the departments, possibly as the result of health education, and certainly due to a more enlightened appreciation of the role of the Special Treatment Centre in the Health Service. Sexually transmissible diseases are of increasing importance and provision for dealing with an increased demand must have a high priority in the foreseeable future.

A total of 11,084 (9,254) new patients attended in 1972. The most important sub-divisions under this heading are:

Non-specific Genital Infections, which includes Urethritis. 2,715 males, 701 females, making a total of 3,416, attended in this category.

Trichomoniasis: 127 males, 557 females, making a total of 684, attended with this infection.

Moniliasis: 184 males, 1,403 females, making a total of 1,587, attended under this heading.

Genito-urinary moniliasis is a most troublesome and persistent infection and its management is one of the important services our departments offer the community.

Overall and in line with national trends the female cases are increasing at a much greater rate than males.

STATISTICS FOR 1972

ANTE-NATAL CLINICS AND RELAXATION CLASSES (Position at 31.12.71 shown in brackets)

<i>Ante-Natal Clinics</i>				<i>Relaxation Classes</i>
<i>No. of Women who Attended</i>		<i>No. of Sessions held by</i>		
<i>For Ante-Natal Examination</i>	<i>For Post-Natal Examination</i>	<i>L.H.A. Midwives</i>	<i>G.P.'s Employed on Sessional Basis</i>	<i>No. of Women who Attended</i>
261 (274)	20 (9)	240 (291)	46 (52)	4,744 (4,086)

CHILD HEALTH CLINICS (Position at 31.12.71 shown in brackets)

<i>Number of children who attended during the year</i>				<i>Number of sessions held by</i>				<i>Total number of sessions in columns (5)–(8)</i>
<i>Born in in 1972</i>	<i>Born in 1971</i>	<i>Born in 1967–1970</i>	<i>Total</i>	<i>Medical Officers</i>	<i>Health Visitors</i>	<i>G.P.s employed on Sessional Basis</i>	<i>Hospital Medical Staff</i>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
11,426 (11,807)	10,491 (10,533)	9,049 (9,774)	30,966 (32,114)	4,048 (3,970)	1,700 (2,137)	50 (273)	— (—)	5,798 (6,380)

CARE OF PREMATURE BABIES

Weight at Birth	No. Born Alive	Died in First 24 Hours	Died in 1-27 Days	Percentage Surviving Neo-Natal Period		
				1972	1971	1970
2 lb. 3 oz. or less	39	15	1	60	63	73
Over 2 lb. 3 oz.	78	11	6	78	58	69
Over 3 lb. 4 oz.	195	8	12	90	92	90
Over 4 lb. 6 oz.	271	2	6	97	95	96
Over 4 lb. 15 oz.	535	2	3	99	97	98
Total	1,118	38	28	94	92	93

DISTRIBUTION OF NATIONAL WELFARE FOODS

<i>Distribution Centres</i>				1970	1971	1972
Child Health Clinics	..	..	..	135	133	132
W.V.S. Centres, Shops, etc.	..	..	..	153	167	134
				288	300	266
<i>Issues</i>						
National Dried Milk (tins)	..	..	..	51,016	30,592	23,369
Cod Liver Oil (bottles)	..	..	..	15,901	7,684	744
Vitamin A and D Tablets (packets)	..	..	..	23,179	13,718	4,764
Children's Vitamin Drops A, D & C (bottles)						
(from 4.4.71)	..	..	..	—	13,802	40,580
Orange Juice (bottles)	..	..	..	438,877	331,109	129,123
A, D & C tablets (packets) (from 4.4.71)	..	..	..	—	—	6,164
Vitamin C tablets (packets) (from 1.3.71)	..	..	..	—	—	1,180

WORK OF HEALTH VISITORS

The statistical information required by the Department of Health and Social Security changed in 1972. The information now given does not therefore compare with information collected in previous years.

Tables 2 and 3 also contain additional information not previously collected.

Table 1 – Health Visiting – Cases seen by Health and Tuberculosis Visitors during year

Type of case	Total number of cases seen (1)	Number of cases included in col. (i) seen at special request of:	
		Hospital (2)	GP (3)
1. Children born in 1972	17,613	658	926
2. Other children aged under 5	35,437	471	925
3. Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service) ..	4,093	179	824
4. Persons aged between 17 and 64	3,581	271	1,303
5. Persons aged 65 and over	6,317	970	3,116
6. Households visited on account of tuberculosis	753	615	71
7. Households visited on account of other infectious diseases ..	369	46	192
8. Households visited for any other reason	3,412	224	851
Total	71,575	3,434	8,208
Number of persons included in lines 1–5 above who are:			
Mentally handicapped ..	842	95	550
Mentally ill	1,726	105	1,312

Table 2 – Health Education Sessions

Number of health education sessions attended by health visitors:	At health centres	498
	At G.P. premises (excluding those in health centres) ..	384
	At maternity and child health centres	1,092
	At school	1,124
	In hospital	156
	Elsewhere	818
	Total	4,072

Table 3 – Case Conferences

Number of case conferences attended by health visitors with:	Social Workers	4,681
	Hospital Staff	3,027
	General practitioners	11,250
	Any combination of above	657
	Others (i.e. none of the above present)	6,237
	Total	25,852

WORK OF DISTRICT MIDWIVES

Year	Domiciliary Confinements Attended		No. of cases delivered in hospitals, etc., but discharged to care of District Midwives before tenth day
	Total	No. of Hospital Confinements attended by domiciliary midwives	
1970	2,462	N/A	7,854
1971	1,788	N/A	10,528
1972	1,225	669	16,150

NURSING MIDWIFERY AND HEALTH VISITING SERVICE

Staff Employed at 31st December, 1972 (position at 31.12.71 shown in brackets)

	Whole-time	Part-time	
		Number	Whole-time Equivalent
Health Visitors/School Nurses ..	142 (142)	13 (13)	5.89 (5.82)
School Nurses	2 (2)	32 (27)	22.15 (18.92)
D.N./Midwife/Health Visitors ..	13 (13)	— (—)	— (—)
District Midwives	41 (41)	4 (5)	2.35 (3.34)
District Nurse/Midwives ..	105 (101)	9 (5)	5.35 (2.38)
District Nurses	81 (70)	54 (45)	29.93 (28.52)
Clinic Nurses	— (1)	2 (6)	0.75 (2.52)
Total	384 (370)	114 (101)	66.42 (61.50)

Administrative Staff Establishment

Director of Nursing Services	1 (1)
Divisional Nursing Officer	1 (1)
Community Nurse Training Officer ..	1 (1)
Area Nursing Officers	5 (5)
Nursing Officers	8 (3)
Hospital Liaison Officer	— (1)

WORK OF DISTRICT NURSES

Table 1

Year	No. of Persons Nursed during Year	Persons Nursed who were aged:			
		Under Five Years		65 Years and Over	
		No.	%	No.	%
1970	17,479	534	3	10,788	62
1971	21,485	600	3	13,010	61
1972	38,679	4,205	11	16,369	42

Table 2 (Information not previously collected)

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5-64	65 and over	Total
	(1)	(2)	(3)	(4)
Patient's home	896	7,757	12,839	21,492
Health Centres	79	1,197	489	1,765
G.P.s' premises (excluding those in health centres)	3,199	8,988	2,862	15,049
Maternity and child health centres	19	28	4	51
Hospital	1	4	—	5
Residential homes	3	79	112	194
Elsewhere	8	32	83	123
Total	4,205	18,085	16,369	38,679

NURSING HOMES

Year	Number Open at End of Year	Beds			Closed	Opened
		Total	Maternity	Others		
1969	38	713	64	649	4	6
1970	36	651	36	615	4	2
1971	38	677	36	641	1	3
1972	41	747	36	711	—	3

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Year	Vaccinations					Re-vaccinations			Grand Total
	Under 1 Year	1 Year	2-4 Years	5-15 Years	Total	2-4 Years	5-15 Years	Total	
1970	220	7,877	3,509	693	12,299	392	2,325	2,717	15,016
1971	117	2,943	6,868	655	10,583	382	2,035	2,417	13,000
1972	51	488	789	363	1,691	186	2,040	2,226	3,917

Measles Vaccination

Year	Under 1 Year	1 Year	2 Years	3 Years	4-7 Years	8-16 Years	Total
1971	22	7,335	6,450	3,446	4,495	432	22,180
1972	16	8,190	6,110	1,069	2,126	171	17,682

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

Completed Primary Courses for children under 16 years during year ended 31st December, 1972

Vaccine	Year of Birth					Others Under 16	Total
	1972	1971	1970	1969	1965-68		
Quadruple: (Diphtheria, Whooping Cough, Polio, Tetanus)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	747	11,377	3,534	340	192	34	16,224
Diphtheria/Tetanus	19	879	441	78	327	132	1,876
Diphtheria only	—	—	—	—	2	1	3
Tetanus	1	1	5	4	47	326	384
Polio Salk	—	—	—	—	—	—	—
Polio Sabin	676	12,164	4,036	380	599	161	18,016
Total Diphtheria	766	12,256	3,975	418	521	167	18,103
Total Whooping Cough	747	11,377	3,534	340	192	34	16,224
Total Tetanus	767	12,257	3,980	422	566	492	18,484
Total Polio	676	12,164	4,036	380	599	161	18,016

Reinforcing doses for children under 16 years during year ended 31st December, 1972

Vaccine	Year of Birth					Others Under 16	Total
	1972	1971	1970	1969	1965/68		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	15	506	1,169	236	1,004	270	3,200
Diphtheria/Tetanus	1	81	132	129	11,567	2,818	14,728
Diphtheria only	—	—	—	—	7	5	12
Tetanus	3	6	16	30	159	4,629	4,843
Polio Salk	—	—	—	—	—	—	—
Polio Sabin	38	494	1,183	502	11,836	4,504	18,557
Total Diphtheria	16	587	1,301	365	12,578	3,093	17,940
Total Whooping Cough	15	506	1,169	236	1,004	270	3,200
Total Tetanus	19	593	1,317	395	12,730	7,717	22,771
Total Polio	38	494	1,183	502	11,836	4,504	18,557

Acceptance Rates – Primary Courses completed by 31st December, 1972

<i>Vaccine</i>	1970	1969	1968
Triple (Diphtheria, Whooping Cough, Tetanus) ..	95.1%	93.9%	91.1%
Polio	91.9%	93.4%	86.7%

Rates for 1971 and 1970 will not be available until 1973 and 1974 due to the recommended timing of fourteen months for complete courses.

AMBULANCE SERVICE

<i>Year</i>	<i>Ambulance Service</i>		<i>Ambulance Car Service</i>		<i>Totals</i>		<i>Railway Transport</i>	
	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>
1971	1,578,185	186,716	2,776,903	280,537	4,355,088	467,253	53,777	831
1972	1,691,109	198,382	2,867,935	294,063	4,559,044	492,445	66,281	1,081

Classification of patients carried by Ambulance Service vehicles

<i>Year</i>	<i>Road Accidents</i>	<i>Other Accidents</i>	<i>Sudden Illness</i>	<i>Maternity</i>	<i>Mental</i>	<i>Infectious</i>	<i>Other Cases</i>	<i>Total</i>
1971	5,008	3,058	4,721	2,912	613	298	170,106	186,716
1972	5,072	3,098	5,137	2,676	674	275	181,450	198,382

TUBERCULOSIS STATISTICS

Deaths from Pulmonary and Non-Pulmonary Tuberculosis

<i>Year</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>No.</i>	<i>Rate per 100,000 Population</i>	<i>No.</i>	<i>Rate per 100,000 Population</i>
1970	4	0.4	13	1.3
1971	13	1.3	4	0.4
1972	18	1.7	4	0.4

THE SCHOOL HEALTH SERVICE

TABLE 1
PERIODICAL MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Pupils found to be in Unsatisfactory Physical Conditions	
		Number (3)	% of Col. 2 (4)
1968	41	—	—
1967	6,318	—	—
1966	11,656	—	—
1965	1,483	2	0.13
1964	874	2	0.23
1963	443	—	—
1962	327	—	—
1961	211	—	—
1960	448	—	—
1959	264	—	—
1958	203	1	0.5
1957 and earlier	279	—	—
Total	22,547	5	0.02

TABLE 2
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODICAL MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	For Defective Vision (excluding Squint)		For any other conditions recorded in Table 4		Total Individual Pupils	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)	Number (7)	% of Col. 2 (8)
1968	41	1	2.44	4	9.75	4	9.75
1967	6,318	90	1.42	559	8.85	591	9.37
1966	11,656	190	1.63	1,141	9.78	1,251	10.73
1965	1,483	27	1.82	135	9.10	155	10.45
1964	874	22	2.52	68	7.78	85	9.72
1963	443	8	1.81	36	8.13	41	9.25
1962	327	4	1.22	29	8.86	30	9.17
1961	211	8	3.79	22	10.43	26	12.32
1960	448	11	2.45	31	6.92	42	9.37
1959	264	3	1.14	18	6.82	21	7.95
1958	203	2	0.98	8	3.94	9	4.43
1957 and earlier	279	10	3.58	16	5.73	25	8.96
Total	22,547	376	1.67	2,067	9.17	2,280	10.11

TABLE 3
OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	7,160
Number of Re-inspections	..	..	..	..	13,287
Total	..	..	..	..	20,447

The number of re-inspections during 1972 has been reduced to only 53% of the number seen in 1971. I have been concerned for a number of years that the number of re-inspections has been unnecessarily high and school doctors have now been asked to re-examine children only when absolutely necessary.

Analysis of Defects found at Medical Inspections

For many years at this point in my Annual Report I have published a table (Table 4 in last year's Report) showing a detailed analysis of defects found at periodic and special medical inspections during the year. The Department of Education and Science have this year indicated that this information is no longer required in the annual return to the Department; the reason given is that this information has become less useful for statistical purposes as Local Education Authorities' medical inspection procedures have changed. I am of the opinion that for many years the statistical value of this table has been very limited; consequently I have decided not to publish this information this year.

TABLE 4
ANNUAL VISION TESTING

Number of children with normal vision	..	..	..	132,791
For re-test	..	..	..	6,484
Referred to S.M.O. or Eye Clinic	..	..	..	3,610
Others (with or without glasses whose vision may not be normal but cannot be improved)	..	..	..	4,868
Total tested	..	..	..	147,753

It has always been the intention that all children should have their vision tested each year, and though as in past years the number of children actually tested has fallen somewhat short of this intention, the figure of 82.5% tested in 1972 does continue the steady rise in this percentage in recent years.

TABLE 5
COLOUR VISION (Boys in 1st Year of Secondary School only)

Total tested	..	..	..	8,695
Total defective	..	..	..	411
Percentage defective	..	..	..	4.73%

TABLE 6
SUMMARY OF WORK OF SCHOOL EYE CLINICS

	<i>New Cases</i>	<i>Re-examinations</i>	<i>Total 1972</i>	<i>Total 1971</i>
Number of children seen	2,213	2,845	5,058	4,649
Total attendances	2,213	3,937	6,150	6,167
Glasses ordered for the first time	850	512	1,362	1,403
Lenses changed	—	1,144	1,144	1,094
Glasses discontinued	—	44	44	18
Recommended for orthoptic treatment	—	—	29	34
Referred for advice re operative treatment	—	—	61	49

For many years it has not been possible to obtain all the consultant staffing needed for School Eye Clinics in the County and this has led to a build-up in the waiting-lists. With the co-operation of the consultants concerned a careful review has been made of most of the children waiting to be seen for re-examination and a decision made as to which of these still need to be seen at the School Eye Clinic and which can be advised to attend a local Optician under the General Ophthalmic Service for future re-examinations. All new referrals are seen first at the School Eye Clinic, but the Consultant Ophthalmologists present may subsequently decide to refer a case to the General Ophthalmic Service to be seen at an Opticians for re-examination. In this way at most of the clinics it has been possible to virtually eliminate the waiting-list for new cases, and for re-examinations to be seen when due.

Audiometry and Hearing Defects

In 1972, pure tone audiometric testing of selected children referred by the School Medical Officers from School Medical Inspection and by Head Teachers was continued, and the results are shown in Table 7 below.

TABLE 7
AUDIOMETRY

<i>Age</i>	<i>No. of children Tested for the first time</i>	<i>No. of re-tests</i>	<i>Children newly found to have hearing loss</i>
5	2,653*	100	467
6	1,666	626	515
7	678	1,215	185
8	544	861	129
9	284	324	62
10	157	219	45
11	191	665	36
12	133	467	37
13	60	133	19
14	26	86	12
15	29	53	6
16	7	21	1
17	3	4	3
Total	6,431	4,774	1,517

*This figure includes 1,621 children in the Havent Delegated Area, where routine sweep testing of "entrants" is undertaken.

The figure 1,517 for children newly found to have a hearing loss represents 0.84% of the school population: the corresponding figure in 1971 was 1.50%. In the light of experience the standard required for children to pass the Sweep test has been slightly lowered, and this partly explains the apparent fall in the percentage of children newly found to have a hearing loss. The hearing testing of certain special groups of school children was continued as previously:

Children with cerebral palsy: 12 tested and found to be within normal limits.

Children with speech defects: 365 were tested for the first time and 48 had a hearing loss.

Children with hearing aids of whom there were 211 in 1972 in ordinary schools.

Educational Services for Children with Impaired Hearing

I am indebted to the County Education Officer for the following report by Mr. F. D. Priddle, Senior Peripatetic Teacher of the Deaf.

Background Information

Unlike most Authorities, Hampshire divides its services for children with hearing impairment on an administrative basis primarily according to their ages. This artificial division influences the nature of the work performed by teachers of the deaf (T.O.D.s) working in the peripatetic service for school aged children.

The Pre-School Service

This service organised by the C.M.O. is responsible not only for the screening, detection and assessment of hearing loss but also for the management of all hearing impaired children before they enter school.

Special Educational Services for Children Under Five Years

There is a nursery section at St. Thomas' School for the Deaf, Basingstoke, and a nursery unit attached to Wicor Infant School, Portchester. Children who have passed through these schools may be divided into those who have been educated as Partially Hearing and those who have been educated as Deaf Pupils. Children are recommended by the pre-school staff and are then interviewed by the Heads of the schools.

Deaf or Partially Hearing?

Children, not showing linguistic development by the age of five years, usually need full time special educational treatment; most of these with hearing impairment in Hampshire are admitted to a school for the Deaf by that age. A few who live within travelling distance of Out-County Day Units are admitted on the basis of the recommendation of the Pre-School Service. These children are not usually seen by the P.T.O.D.

Other children with hearing impairment who may be educated as **Partially Hearing** are so described because of their linguistic development and not according to their degree of hearing loss.

Peripatetic Teachers of the Deaf (P.T.O.D.s)

The Peripatetic Teachers of the Deaf are required to advise the C.E.O. about the suitability of educational placement for all **Partially Hearing Children**. Their needs range from an annual review of progress in a normal school to full time teaching by a specialist teacher of the deaf in an Out-County placement. When required to do so the P.T.O.D. maintain local audiological support for children in Out-County boarding schools. This need for local support also applies to the families of deaf children in boarding schools who may not be known to the P.T.O.D.'s. Arrangements are made as and when requested.

The Educational Placement of Partially Hearing Children

Out-County Placement

This may be divided into day or boarding provision. Out-County Day Units for children with hearing impairment do not always appear to make a clear distinction between Deaf and Partially Hearing pupils. Some Hampshire children receive full time special educational treatment in Units at Southampton, Poole, Reading and Portsmouth.

Boarding schools used include Ovingdean Hall, Brighton (ages 4-16+), Tewin Water, Hertfordshire (11-18+), Needwood School, Staffs (5-16+) and the Partially Hearing Department at the Royal Schools, Exeter (5-16+). In addition, Partially Hearing E.S.N. pupils are sent to the I.L.E.A. School at Rayners, Penn, Bucks. and successful candidates attend the Mary Hare Grammar School in Berkshire.

County Placement

This may be either in normal schools, special schools catering for other disabilities or in Units at Cove Manor Junior School, Farnborough or Wallisdean Junior School, Fareham. These Units offer daily support to children who may, given this support, benefit from normal education. At Cove these facilities are available for children between the ages of 5 and 11 years; in Fareham the age range is extended to 16 years because of the comprehensive nature of the campus on which the Unit was built.

Assessment and Supervision

Like other children, Partially Hearing children in normal schools or schools catering for other disabilities are supervised, from the medical point of view, by School Medical Officers. From the educational viewpoint they are supervised by the Peripatetic Teachers of the Deaf working in conjunction with the staffs of those schools.

Whilst the County Medical Officer is responsible for the detection and assessment of hearing loss, specialists are not employed by him for this work with school aged children. By agreement between the two departments the Peripatetic Teachers of the Deaf were appointed to establish liaison within the whole service and to provide the specialist audiological knowledge necessary for the two departments to be able to make a joint assessment of the Partially Hearing child. Working in this capacity the teachers have, for the past ten years, trained school nurses in the technique of screening hearing, using Pure Tone Audiometry. They have not however maintained supervision over this service.

Final assessment of a child with impaired hearing necessitates the establishment of relationships between the normal development of children and the medical and audiological implications of the hearing loss. Some relevant factors are the degree of hearing loss, the nature of the loss, the age of onset of deafness, the prognosis, the response to straightforward amplification, intelligence, developing oral linguistic skills, developing written linguistic skills, other communication skills, the resultant emotional stability and behaviour in different social situations.

The acquisition of much of this information and an appraisal of the relationship between these factors is made by the Peripatetic Teacher who sees the child in the test situation, in the learning situation and sometimes at home and at play. At three Centres, Southampton, Fareham and Havant, Clinics are held at which interdisciplinary discussion may then take place. At other Centres (14 or more hospitals are involved) there is very little opportunity for discussion. In most circumstances some level of communication is maintained by written report.

The supervision of a child and the attitudes of his parents are undoubtedly most satisfactory when conditions allow the medical staff, the parents and the specialist educational staff to come together with time for some assessment and joint discussion about both medical treatment and management following observation at school. The system does, however, have weaknesses that need to be guarded against. It breaks down when so many children are called to one clinic that discussion is impracticable, when children who do not warrant full assessment are unnecessarily referred and when the administration of the clinic results in individuals being fully occupied when they are also required for discussion. In contrast, over-zealous screening and failure to recognise the complexity of a child's difficulties can result in his failing to receive the appropriate available help at the right time. It follows that each discipline must recognise its screening function for other services and make the appropriate referrals. It has been noted that both School Medical Officers and Consultant Otologists have instituted treatment and referred the child for speech therapy. Whilst such an action may benefit the child's speech and language development it does not establish liaison between the medical and educational services. The educational implications of the hearing loss are frequently not understood and available specialist knowledge is not provided to the child's parents and teachers.

Poor speech development, immature language development and hearing loss are so closely related to a child's educational needs that closer co-operation is called for between the Speech Therapists and the Educational Services.

The Extent of the Problem

Whilst all children who have been issued with hearing aids do not necessarily wear them, the number of hearing aids issued forms a useful basis for considering Partially Hearing children.

Two hundred and forty-eight (248) children who could not be classified as educationally deaf have had hearing aids issued. However, for teachers of the deaf the supervision of some children whose need for amplification has not been ascertained is often more time consuming than is the straightforward supervision of known problems. This is due to the parent/school/child anxiety chain which exists when the unknown is feared irrationally.

Because of the amount and complexity of the work that needs to be done, the allocation of her time to particular aspects of her work needs to be left to the judgement of an area teacher.

An analysis of all school aged children with hearing impairment who are not classified as deaf is appended. Attention is drawn to the comparative percentages of children of the total number in each area who receive **daily** help in day schools. In the S.W. it is 9.85%, in the S.E. 26.16% and in the North 22.85%. The need for Miss Kitching to provide a maximum teaching programme is apparent. Comparative percentages of children needing placement in boarding schools are 16.90, 14.95 and 10.00 respectively.

It has become impossible for Mrs. Stancliffe to maintain adequate supervision of all the children in her area. In spite of the smaller numbers in the North a similar situation also exists there because of the need for someone to provide a county wide supplementary assessment, advisory, counselling and audiological service for children referred from boarding schools or for whom advice on educational placement is complicated by additional difficulties.

Requests are received from staffs of other special schools who seek advice on the development of communication skills. The assessment of severely subnormal children and the development of remedial programmes is a special interest which extends beyond the general training and experience of many teachers of the deaf. There are, however, those of us who are particularly interested in this work and who look forward to the time when time will permit us to pursue our interests.

It is greatly regretted that the increase in work has resulted in the withdrawal of much support which was once offered to the Unit teachers, for it is recognised that the Unit teacher's task is a full time teaching task and that audiological assessment is too time consuming for it to be carried out efficiently as an additional task.

I wish to express my thanks for the loyal support of all my colleagues working in the Peripatetic and Unit Services.

TABLE 8
Analysis of Partially Hearing Children Issued with Aid

Educational Placement	Area (S.W. Miss Kitching)			Area (S.E.) Mrs. Stancliffe			Area (N.) Mr. Priddle		
	No.	% of S.W.	% of Whole	No.	% of S.E.	% of Whole	No.	% of N.	% of Whole
In local schools (Normal or Special)	52	73.25	20.96	63	58.89	25.44	47	67.15	18.95
County Partially Hearing Unit Wallisdean, Fareham				22	20.56	8.87			
County Partially Hearing Unit Cove Manor, Farnborough							9	12.85	3.62
Out-County Units Reading							4		
Out-County Units Portsmouth				4		2.32			
Out-County Units Southampton	6	9.85	2.82	2	5.60		2	10.00	2.82
Out County Units Poole	1						* 1		
(One fostered for week*)									
Total in Day Placement	59	83.10	23.78	91	85.05	36.63	63	90.00	25.39
Mary Hare Grammar School Berkshire	1						3		
Needwood School Staffordshire				2					
Rayners School Penn, Buckinghamshire				3					
Ovingdean Hall Brighton	7			10			4		
Tewin Water Welwyn, Hertfordshire	2			1					
Royal Schools Exeter (Partially Hearing Department)	2								
Total in Boarding Schools	12	16.90	4.83	16	14.95	6.45	7	10.00	2.82
Grand Total	71	100.00	28.61	107	100.00	43.08	70	100.00	28.21

TABLE 9
AUDIOLOGY CLINICS

	Aldershot						Fareham				Havant			
	Pre-School		School Children		Adults		Pre-School		School Children		Pre-School		School Children	
	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex
No. of Cases	1	—	3	2	—	—	7	2	49	3	22	6	40	27
No. of Attendances ..	1	—	3	2	—	—	7	2	49	9	18	5	36	26
Recommended Hospital Treatment	—	—	1	—	—	—	3	—	16	—	9	2	10	5
Recommended Hearing Aids	1	—	—	—	—	—	1	—	5	—	3	1	3	9
Referred to Other Specialists	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Recommended S.E.T. ..	—	—	—	—	—	—	2	—	—	—	—	1	—	2
Discharge	1		3	2	—	—	7	2	52		3	—	8	1

School Speech Therapy Service

On 13th June, 1972, Mr. A P. Tolfree, F.C.S.T., retired from his post as Chief Speech Therapist. Mr. Tolfree was a pioneer in the Speech Therapy Service having first established a clinic in Southampton in 1933 to which a limited number of County children were admitted; he opened his first County clinic in 1940 and was appointed Chief Speech Therapist in 1946. He has been succeeded as Chief Speech Therapist by Mrs. S. Price, L.C.S.T., who took up her post on 1st November, 1972. The recruitment of Speech Therapists has improved a little over recent years but is still by no means easy. The position at the end of the year was that with a total establishment of 12.1 therapists, there were vacancies for a whole-time therapist at Gosport and a part-time therapist at Petersfield.

TABLE 10
SPEECH CLINICS

Clinic Session held	3,198
Consultations	927
Treatments	12,792
New cases referred during the year	886
Cases treated:	
(a) New cases commencing during the year	836
(b) Continued from 1971	1,153
Children discharged	1,989
Number on Register 31.12.1972:	625
(a) Under treatment	1,263
(b) Awaiting treatment after consultation	101
Waiting List (awaiting consultation) on 31.12.1972	1,364
	253

TABLE 11
SPEECH CLINICS

Children discharged – Results of treatment

<i>Reason for Discharge</i>	<i>No Improvement</i>	<i>Improved</i>	<i>Speech Satisfactory</i>
Found unsuitable for treatment ..	2	5	4
Failure to continue attendance ..	20	38	23
No further response anticipated ..	3	89	315
Left School	2	22	1
Left District	25	72	4
Total	52	226	347
Grand Total Discharged .. 625			

TABLE 12
SPEECH THERAPY

The following table shows the number of boys and girls under treatment (including those awaiting treatment after consultation) on 31.12.72 by Speech Therapists for each type of defect.

<i>Defect</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia	580	268	848
Dysarthria	10	4	14
Stammer	79	23	102
Cleft Palate	16	7	23
Delayed Speech Development	167	78	245
Dual Defects	62	24	86
Others	34	12	46
Total	948	416	1,364

Child and Family Guidance Service

No spectacular changes have occurred in the Child and Family Guidance Service during 1972. In many ways the year has been one of consolidation following the decentralisation of the Service to the local clinics during 1971. The new administrative arrangement has increased the efficiency of the clinics and assisted the work of the larger number of Educational Psychologists and Psychiatric Social Workers now available.

Hampshire is fortunate to have such a comprehensive and expert Child Guidance Service. An inevitable consequence is that the demand is very great indeed, and that the Service is consequently under great pressure. In spite of the heavy workload, the effort to give priority where the need is greatest, and the attempt to restrain waiting-lists, these clinics demonstrate the excellent team work which is possible between professionals of different disciplines.

TABLE 13
CHILD GUIDANCE SERVICE

New cases referred during the year	..	..	..	..	..	..	1,158
Old cases re-opened	..	..	..	..	..	..	38
							<hr/> 1,196
Reasons for Referral							
Behaviour disorders	..	..	..	..	..	..	726
Habit and physical disorders	..	..	..	..	..	..	103
Nervous disorders	..	..	..	..	..	..	89
Failing to attend school	..	..	..	..	..	..	78
Advice re placement	..	..	..	..	..	..	61
Educational and vocational advice	..	..	..	..	..	..	57
Miscellaneous	..	..	..	..	..	..	82
							<hr/> 1,196

School Psychological Service

Dr. L. F. Lowenstein, Senior Educational Psychologist, reports as follows:—

1. Introduction

The School Psychological Service has not developed in numbers to keep up with the increase in population during the past year. At the same time, however, the efficiency of the service has been improved considerably, (a) by a better screening procedure of children and parents and (b) preventive work, e.g. courses for Headteachers and parents. The aim for one psychologist per 10,000 school children has not yet been realised especially with the extra work to which psychologists are now committed in dealing with the severely sub-normal and pre-school children. There is still some weakness particularly the case where complicated diagnoses need to be carried out and where long term treatment by a psychologist seems indicated.

The School Psychological Service of 12 psychologists now caters for a school population of 178,675 (January 1972). The service is therefore still struggling with limited resources to cope with greater expectations from those who seek their services.

Yet, despite these difficulties, the relationships within the clinics that are now de-centralised and their medical and social work as well as Social Services colleagues could not be better. There is also close relationship between the School Psychological Service and the Teachers' Advisory Service in the County.

TABLE 14

2. Analysis of Referrals

<i>Psychologists</i>	<i>Catchment area</i>	<i>School population Jan. 1972</i>	<i>Seen</i>	<i>Waiting</i>	<i>Total</i>
A. McInnes, M.A., M.Ed.	Winchester	16,387	428	48	476
N. Rosier, B.A., Dip.Psych. (4 sessions) ..	Eastleigh	12,989	11	13	24
Mrs. J. Stockley, B.A. (for one month only) ..					
Dr. J. D. Cumming, Ph.D. (6 sessions) ..	Andover	10,526	131	18	149
A. Potton, B.A.	Basingstoke	17,717	607	12	619
C. Dalais, B.A., Dip.Psych.	Havant	29,793	214	148	362
J. Warner, M.A.					
Mrs. V. MacPherson, B.A., Dip.Ed.Psych. ..					
P. Stevens, B.Sc.	Christchurch	14,676	136	62	198
Mrs. L. Kaplin, B.A. (2 sessions)	Hythe	11,986	115	28	143
Mrs. P. Harborth, B.Sc.					
Mrs. V. Forster, B.A.	Gosport	33,631	191	40	231
Mrs. P. Fedorec, B.A. (Hons.)					
P. Kendall, B.A.	Aldershot	30,970	133	113	246
Totals		178,675	1,966	482	2,448

1972 showed a slight decrease in referrals to the School Psychological Service. The major reason for this decrease can be attributed to three factors:—

- (i) The increasing role which the Peripatetic or Teachers' Advisory Service now plays in the County in dealing with reading problems.
- (ii) The greater efficiency of the service in having developed a screening service within the County whereby Head Teachers screen many of the children before referring them to the School Psychological Service.
- (iii) The preventive role of the psychologist through lectures, courses, etc.

It was re-assuring to know that the waiting list has virtually been halved when compared with the previous year and the total number of children seen was very much as in previous years.

Schools, through their training by the School Psychological Service, have done a great deal more diagnostic and remedial work themselves and this has meant fewer referrals. Those referred were of a more serious nature.

The effectiveness of more preventive work is likely to be twofold; it reduces the numbers referred and provides psychologists with the opportunity to do a little more intensive work with those that are referred.

It will be noted that psychologists vary tremendously in the number of children seen. This is attributable to different approaches taken by the various psychologists in seeing more children in less depth, or fewer children providing them with more intensive help.

TABLE 15
SOURCE OF REFERRAL

					Boys	(1971)	Girls	(1971)	Totals	(1971)
Head Teacher	..	..	..	..	950	(1,003)	438	(537)	1,388	(1,540)
S.M.O.	..	..	..	..	191	(273)	83	(94)	274	(367)
Psychiatrist	..	..	..	..	190	(217)	77	(105)	267	(322)
C.E.O.	..	..	..	..	69	(105)	30	(46)	99	(151)
Court	..	..	..	..	26	(39)	8	(29)	34	(68)
Parent	..	..	..	..	42	(43)	20	(27)	62	(70)
Social Services	..	..	..	..	47	(7)	37	(4)	84	(11)
Probation Officer	..	..	..	..	7	(1)	—	—	7	(1)
G.P.	..	..	..	..	42	(50)	10	(24)	52	(74)
Others	..	..	..	..	111	(146)	70	(71)	181	(217)
Totals	..	..	..	..	1,675	(1,884)	773	(937)	2,448	(2,821)

As in previous years, the major source of referral was from Head Teachers. The slight decrease in referrals from Head Teachers, compared with the previous year, is due to the reasons already mentioned. It is encouraging to see larger numbers of referrals from the newly created Social Services.

TABLE 16
REASON FOR REFERRAL

					Boys	(1971)	Girls	(1971)	Total	(1971)
Assessment	..	..	..	..	675	(1,044)	314	(571)	989	(1,615)
Backward	..	..	..	..	303	(222)	147	(91)	450	(313)
E.S.N.	..	..	..	..	121	(154)	72	(66)	193	(220)
Educational Advice	..	..	..	..	40	(80)	9	(33)	49	(113)
Behaviour	..	..	..	..	231	(146)	88	(76)	319	(222)
Reading and Spelling	..	..	..	..	62	(98)	29	(33)	91	(131)
Emotional	..	..	..	..	27	(22)	11	(7)	38	(29)
School Phobia	..	..	..	..	11	(4)	10	(4)	21	(8)
Dyslexia	..	..	..	..	11	(4)	1	(2)	12	(6)
Pilfering	..	..	..	..	10	(2)	2	(1)	12	(3)
Speech	..	..	..	..	11	(11)	2	(2)	13	(13)
Hearing	..	..	..	..	1	(7)	—	(2)	1	(9)
Other	..	..	..	..	172	(90)	88	(49)	260	(139)
Totals	..	..	..	..	1,675	(1,884)	773	(937)	2,448	(2,821)

The major single reason for referral was for general assessment, the referring agent frequently having an uncertain idea of the problem. There were slightly more backward children referred than the previous year and somewhat fewer children referred for reading and spelling problems. The latter being referred directly to the Teaching Advisory Service. Fewer children were referred for reason of emotional problems due to:—

- (i) The shortage of psychologists to deal intensively with such children, and
- (ii) The tendency to refer such children for treatment to other services, e.g., Child Guidance.

There was an increase in school phobic and dyslexic children referred to the School Psychological Service.

TABLE 17
AGE DISTRIBUTION OF REFERRED CASES

	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+	Others	Total
Boys	8	41	57	138	234	228	201	187	138	144	82	74	69	28	7	5	34	1,675
Girls	2	11	36	72	91	105	98	80	74	64	39	39	28	16	4	3	11	773
Total	10	52	93	210	325	333	299	267	212	208	121	113	97	44	11	8	45	2,448

As in previous years, the greatest number of referrals came in the seven, eight, nine and ten-year-olds. There is a tendency in the numbers referred to decrease both at the younger and upper age ranges. This may be attributed to the help that has been given at earlier ages. It is also due to the frequent disinclination of parents and teachers to refer very young children for help. The School Psychological Service has persisted in its efforts to make known the role it plays in the community and how much more effective and desirable it is to see children earlier with their parents.

TABLE 18
INTELLIGENCE RANGE OF REFERRED CASES SEEN

	25-39	40-54	55-69	70-84	85-114	115-129	130-144	Others	Total
Boys	6	31	106	296	520	87	29	263	1,338
Girls	3	21	77	170	179	32	3	143	628
Total	9	52	183	466	699	119	32	406	1,966

As in previous years, the largest number of children referred to the School Psychological Service were in the I.Q. range 85-114, i.e. in the normal or average range, one standard deviation above and below the mean. Although more children were seen at the lower intellectual level these are frequently difficult to assess and hence no I.Q. assessment is frequently made. Other instruments than the I.Q. test have been used to assess children with very severe learning difficulties. These assessments are more likely to lead to treatment of their problems.

3. Staffing

Mrs. V. MacPherson was appointed to work in the Havant area in September, Mr. Warner left the area at this time to attend a two-year course at London University. Mrs. Fedorec was appointed as a trainee educational psychologist to work in the Gosport area. Mrs. Stockley left the Eastleigh area in February to have her baby.

Mr. Rosier resigned as a full-time psychologist and is now working on a part-time basis (4 sessions) in the Winchester area, dividing his time between special schools and Social Service commitments.

Mrs. Harborth (Miss Beaumont) left the Hythe area in September to attend a one-year course at London University.

Mr. Beswetherick was appointed as Educational Psychologist in the Aldershot area, his duties to commence there on the 1st January, 1973.

During the course of the year the School Psychological Service establishment was increased from 11.6 to 12.6. This has been found to be insufficient to cover the need for intensive treatment required by many children and their parents.

4. Surveys, Investigation and Other Activities

Various surveys have been carried out in the County during the past year particularly with regard to reading, mathematics, etc.

Booklets have been prepared on helping parents and teachers who have children with reading difficulties and also how to help children towards better achievement at school.

5. Possible Area of Development

- (a) There should be an increase in staff in order to cater for the remaining waiting list and for doing more intensive psychological counselling and treatment.
- (b) There is a need to do more preventive work with parents and children at an earlier level, possibly at the pre-school age.

A link between the School Psychological Service of Hampshire, Universities of Southampton and London, King Alfred's Teachers' Training College and other establishments of higher learning has continued.

COUNTY DENTAL SERVICE

Report of the Chief Dental Officer and Principal School Dental Officer – Mr. M. V. Symes

Dental Staff

The whole-time equivalent of Dental Officers employed by the County in 1972 revealed an increase of 4.34 over the previous year giving a total of 53.58. Thus, it is of considerable satisfaction to record that over the entire year a full establishment of Officers was maintained. The appointment of full-time staff at the expense of part-time Officers has continued, there being only two part-time Dental Surgeons remaining on the staff. It is evident that general dental practitioners are becoming interested in working for the School Dental Service and this fact coupled with the evidence in 1971 of newly qualified Dental Surgeons tending to decide upon the Priority Service as a career, the prospect of the Authority continuing to employ Dental Surgeons of high calibre is one of optimism for the future.

The record for the employment of Dental Auxiliaries is not as healthy as that for Dental Officers in that the whole-time equivalent is calculated as 11.92 representing a reduction of 1.52 from 1971. However, despite this fact, the County is still fortunate in employing more of this ancillary class of personnel than probably any other Authority, although with the existence of only one training hospital for these young ladies and the consequent high demand for their services, the prospect of attaining a full establishment is remote.

The difficulty of recruiting Dental Hygienists is even more acute than that for Dental Auxiliaries and a replacement is still being sought for the Hygienist who left the Service in August to enter private practice and returned a whole-time equivalent of 0.65 over the year.

For the fourth year running, the number of Medical Anaesthetists remained at 10 giving a whole-time equivalent of 1.5.

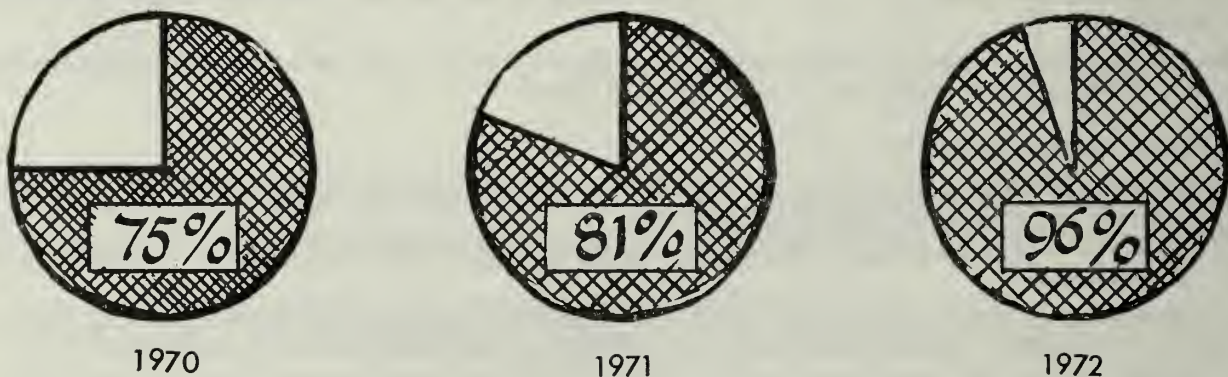
Mobile Dental Trailers

Three new mobile trailers were added to the fleet, which now numbers thirty, two of these additions being single unit trailers and one providing for two-surgery accommodation. All three were constructed on a modular concept which provides for greater flexibility of internal layout. Each trailer is equipped to a high standard and provides for low seated dentistry. The double surgery unit has been sited at Stockheath in Havant, the premises previously utilised having been returned to the Education Department after some twenty years' use as a Dental Clinic.

Dental Inspection and Treatment – School Children

With the number of children inspected for the first time at school increasing by 32,817, the percentage of total school population inspected has risen from 63% in 1971 to 80% in 1972 and this figure reflects with considerable credit on the dental staff, who, whilst continuing to produce a good output of work, increased the inspection sessions from 906 in 1971 to 1,227 in 1972. Of interest is the 67% increase in the number of second inspections at schools during the year which indicates that in more areas it is becoming possible to institute twice yearly visits. Only 20 schools, out of the County total of 547, did not receive a visit by a School Dental Officer, and the following diagrams show the improving situation:—

Percentages of Schools Visited



The ratio of Dental Officers to school children in Hampshire continues to improve, the figure being 1:3,300 which compares very favourably with the national average of 1:5,600.

The rate of consent is being maintained at a level of 65%, which, for a County relatively well supplied with general dental practitioners, is a healthy reflection of the demand from the public for a School Dental Service.

Although not such a spectacular increase as for 1971, the crowning of teeth is remaining in high demand with a total of 478 crowns fitted during 1972.

Preventive measures are assuming greater emphasis and 2,292 children were given the benefit of having 32,000 teeth treated topically with fluoride.

Orthodontic treatment continues to increase with 2,322 new cases being commenced during the year and, on average, each Dental Officer dealt with 458 attendances for orthodontic purposes alone. The number of cases

referred to a Hospital Consultant was 116 more than the 1971 figure, but when a comparison is made with the 254 rise in number referred in 1970, it is apparent that Dental Officers are diagnosing with greater confidence in this highly specialised field.

A histogram has been included in this Report to compare three aspects of orthodontic statistics over a ten-year period.

Allocation of Staff Time

As in previous years, the following table serves to illustrate the comparison of time spent on Education and Health from that of ten years ago:—

	<i>Education</i>	<i>Health</i>
1963	96.4%	3.6%
1972	90.4%	9.6%

The increase for Health at the expense of Education is of interest and is a direct result of the increase in the number of pre-school children and expectant and nursing mothers seeking treatment from the Service. This could well be a result of the three-year-old Birthday Card Scheme, which was extended to cover the whole County in 1970, as well as the upsurge in the construction of Health Centres where dental treatment for these priority groups is conveniently available under the same roof as that from medical practitioners and nurses.

Review by the Department of Education and Science

Mr. C. Howard, Dental Officer of the Department of Education and Science, visited the County in December to review the County Council Dental Service and interviewed 27 members of staff at six purpose-built Clinics, Health Centres and mobile dental trailers as well as carrying out a detailed study of the administrative arrangements.

Mental Health Patients

Inspections for this high priority group revealed a 52% increase over the 1971 figure and all types of treatment, with the exception of the administration of general anaesthetics, increased likewise with, of particular note, a 66% increase in the filling of permanent teeth. The improved figures could well be the result of the appointment of a Senior Dental Officer specifically responsible for the inspection and treatment of the handicapped and acting in a support role to the Senior Dental Officer responsible for the Special Care Unit at Friarsgate, Winchester. The appointment provides for a person with a particular interest in the treatment and welfare of the handicapped and effectively releases the routine dental officer, previously entirely responsible, for treating those more fortunate.

The implementation of the Education (Handicapped Children) Act of 1970 transferred the responsibility for children attending Junior Training Centres from Health to Education with the result that the extraction and filling of deciduous teeth in Table 21, Column 3, reveals an apparent marked decline in treatment.

Dental Health Education

The introduction during 1971 of increased dental health participation between dental health educators, teachers and children was expanded in 1972 with involvement of four schools in the Fareham area and six playgroups in the Fareham, Bishops Waltham and Winchester areas. The experience gained by these projects will prove of considerable value for future development in this field. Of particular note was the demand for talks by playgroup supervisors, as may be seen by the following table:—

TABLE 19
DENTAL HEALTH EDUCATION

					<i>No. of Visits</i>		<i>No. of Talks given</i>	
					1972	1971	1972	1971
Schools	..	..	..	..	389	347	903	773
Training Industries	..	..	..	..	3	21	5	21
Ante-Natal Clinics	..	..	..	..	137	137	141	147
Playgroups	..	..	..	..	47	—	72	—
Adult Groups	..	..	..	..	17	31	17	31
					593	536	1,138	972

In commending the dental health lecturer, dental auxiliaries, and those dental officers and dental surgery assistants concerned, for the increase in schools visited and talks given, mention must be made of the decrease in Training Industry visits which at first sight was disappointing. However, with the appointment of a Senior Dental Officer responsible for the handicapped, most of whom are seen three times a year, greater emphasis is being placed upon individual chairside instruction which negates the need for group talks.

In association with the General Dental Council, arrangements were made for 'Pierre The Clown' to visit the County for one week during which time he talked to 7,200 kiddies at 23 schools in the Winchester, Christchurch, Petersfield, Eastleigh and Farnborough areas.

After ten years' sterling work with the Service, the Dental Health Lecturer was upgraded to an Assistant Health Education Officer in the Health Education Section, part of the duties being to act in a liaising and co-ordinating capacity between the two Sections, which has proven of great value in the development of the programme.

The support of the dental staff was once again very much in evidence and I would like to put on record my sincere appreciation for their co-operation.

In conclusion, and on behalf of the County Dental Staff, I should like to thank the Teaching Staff of the Authority for their co-operation, without which any hope of success could not be achieved in the work of the Dental Service, and to express my gratitude to the Administrators of the Department in general as well as the ladies of the Dental Section in particular for their invaluable assistance throughout the year.

TABLE 20
PRIORITY DENTAL SERVICES

A. Dental Inspection – Pre-School Children, Expectant and Nursing Mothers, Mental Health

	First examination during year				Second and subsequent examinations during year			
	No. Inspected	No. found to require treatment	No. offered treatment	No. Consenting for treatment	No. Inspected	No. found to require treatment	No. offered treatment	No. Consenting for treatment
Pre-school ..	8,614	5,275	5,067	5,019	860	561	550	550
Mothers ..	556	517	516	515	72	70	69	69
Mental Health..	670	463	431	385	617	389	382	302

TABLE 21

B. Dental Treatment – Pre-School Children, Expectant and Nursing Mothers, Mental Health

	Pre-School		Mothers		Mental Health	
	1972		1972		1972	
1. Attendances including emergencies	13,814	(5,240)	1,812	(7)	1,095	(23)
2. Emergencies	789	(94)	121	(—)	47	(—)
3. Number actually treated	4,984	(2,498)	508	(4)	397	(23)
4. Additional courses of treatment commenced ..	669	(290)	53	(—)	112	(—)
5. Fillings—Permanent teeth	—	(—)	1,255	(—)	732	(—)
Deciduous teeth	9,711	(4,350)	—	(—)	2	(—)
6. Extractions—Permanent teeth	—	(—)	347	(—)	192	(—)
Deciduous teeth	2,158	(10)	—	(—)	24	(—)
7. General anaesthetics administered by:						
Medical Anaesthetists	818	(—)	56	(—)	38	(—)
Dental Officers	87	(—)	1	(—)	—	(—)
8. Number of patients X-rayed	74	(13)	185	(1)	26	(—)
9. Prophylaxis	3,705	(1,880)	371	(3)	411	(23)
10. Gum treatment	218	(12)	200	(—)	92	(—)
11. Teeth otherwise conserved	1,644	(206)	—	(—)	18	(—)
12. Other operations—Permanent teeth	—	(—)	379	(—)	86	(—)
Deciduous teeth	1,858	(737)	—	(—)	1	(—)
13. Teeth root filled	17	(—)	16	(—)	1	(—)
14. Inlays and crowns	1	(—)	24	(—)	2	(—)
15. Number of Dentures fitted	—	(—)	72	(—)	33	(—)
16. Courses of treatment completed	5,543	(1,931)	525	(4)	508	(23)

The figures in brackets represent the contribution made by the Dental Auxiliaries.

TABLE 22
DENTAL INSPECTION – SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	First examination during year				Second and subsequent examinations during year			
	No. inspected	No. found to require treatment	No. offered treatment	No. consenting for treatment	No. inspected	No. found to require treatment	No. offered treatment	No. consenting for treatment
No. inspected at school ..	142,032	93,227	87,827	49,260	11,687	6,738	6,424	4,530
No. inspected at clinic ..	24,583	21,733	21,220	20,797	7,369	6,221	6,026	5,999
Total inspected at school and clinic	166,615	114,960	109,047	70,057	19,056	12,959	12,450	10,529

TABLE 23
ALLOCATION OF SESSIONS

Clinic Treatment				Inspections			
Schools and Special Schools	23,486			Schools and Special Schools	1,227		
Pre-school	2,100			Child Welfare Centres	64		
Expectant and Nursing Mothers	275			Mental Health	21		
Mental Health	167						
Total Clinic Treatment	26,028*			Total Inspections	1,312		
*This total includes 341 evening sessions and 85.5 Dental Officer Anaesthetist sessions.				Dental Health Education			
				Dental Officers, Dental Auxiliaries and			
				Dental Hygienist	590*		
				Dental Health Lecturers	129		
				Total Dental Health Education	719		
				*This total includes 5 evening sessions.			

TABLE 24
DENTAL TREATMENT – SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	1972			
	Age 5-9	Age 10-14	Age 15+	Total
1. Attendances for treatment including 'Emergency' and 'Orthodontic'	76,530 (13,142)	66,474 (3,942)	11,260 (505)	154,264 (175,589)
2. Emergencies	4,167 (372)	2,161 (69)	383 (10)	6,711 (451)
3. Number actually treated	31,479 (4,697)	21,714 (1,217)	3,766 (119)	56,959 (6,033)
4. Additional courses of treatment commenced	4,007 (660)	2,796 (91)	388 (6)	7,191 (757)
5. Fillings:				
Permanent Teeth	24,661 (6,157)	49,089 (4,355)	12,058 (745)	85,808 (11,257)
Deciduous Teeth	49,082 (10,031)	6,056 (431)	54 (—)	55,192 (10,462)
6. Teeth filled:				
Permanent Teeth	20,854 (4,980)	43,045 (3,636)	10,709 (633)	74,608 (9,249)
Deciduous Teeth	43,718 (8,603)	5,408 (347)	49 (—)	49,175 (8,950)
7. Extractions – Carious:				
Permanent Teeth	931 (—)	2,691 (—)	563 (—)	4,185 (—)
Deciduous Teeth	17,329 (321)	4,963 (145)	81 (4)	22,373 (470)
8. Extractions—Orthodontic:				
Permanent Teeth	225 (—)	3,090 (—)	195 (—)	3,510 (—)
Deciduous Teeth	2,484 (97)	1,569 (32)	40 (—)	4,093 (129)
9. No. of general anaesthetics:				
by Medical Anaesthetists	5,613 (—)	2,429 (—)	163 (—)	8,205 (—)
by Dental Officers	746 (—)	216 (—)	2 (—)	964 (—)
10. Patients X-rayed	1,815 (138)	3,658 (196)	932 (39)	6,405 (373)
11. Prophylaxis	13,424 (2,913)	13,292 (980)	2,326 (114)	29,042 (4,007)
12. Gum treatment	1,292 (89)	1,286 (59)	305 (12)	2,883 (160)
13. Teeth otherwise conserved	7,591 (488)	2,492 (55)	147 (7)	10,230 (550)
14. Other operations:				
Permanent Teeth	1,482 (201)	4,763 (314)	1,404 (61)	7,649 (576)
Deciduous Teeth	7,199 (1,710)	948 (83)	20 (2)	8,167 (1,795)
15. Teeth Root filled	291 (—)	229 (—)	75 (—)	595 (—)
16. Inlays	— (—)	19 (—)	4 (—)	23 (—)
17. Crowns	76 (—)	309 (—)	93 (—)	478 (—)
18. Number of Dentures fitted	15 (—)	113 (—)	39 (—)	167 (—)
19. All courses of treatment completed	31,849 (4,289)	21,253 (1,210)	3,603 (126)	56,705 (5,625)
1972				
20. Orthodontics:				
(a) Cases remaining from previous year	1,634			
(b) New cases commenced during year	2,322			
(c) Cases completed during year	1,648			
(d) Cases discontinued during year	392			
(e) Number of removable appliances fitted	1,353			
(f) Number of fixed appliances fitted	3			
(g) Cases referred to Hospital Consultant	670			
(h) Attendances for Orthodontics	24,289			

The figures in brackets represent the contribution made by Dental Auxiliaries.

Histogram to illustrate and compare, over a ten-year period, the number of orthodontic cases referred to a consultant, the number of new cases commenced and the number of removable appliances fitted

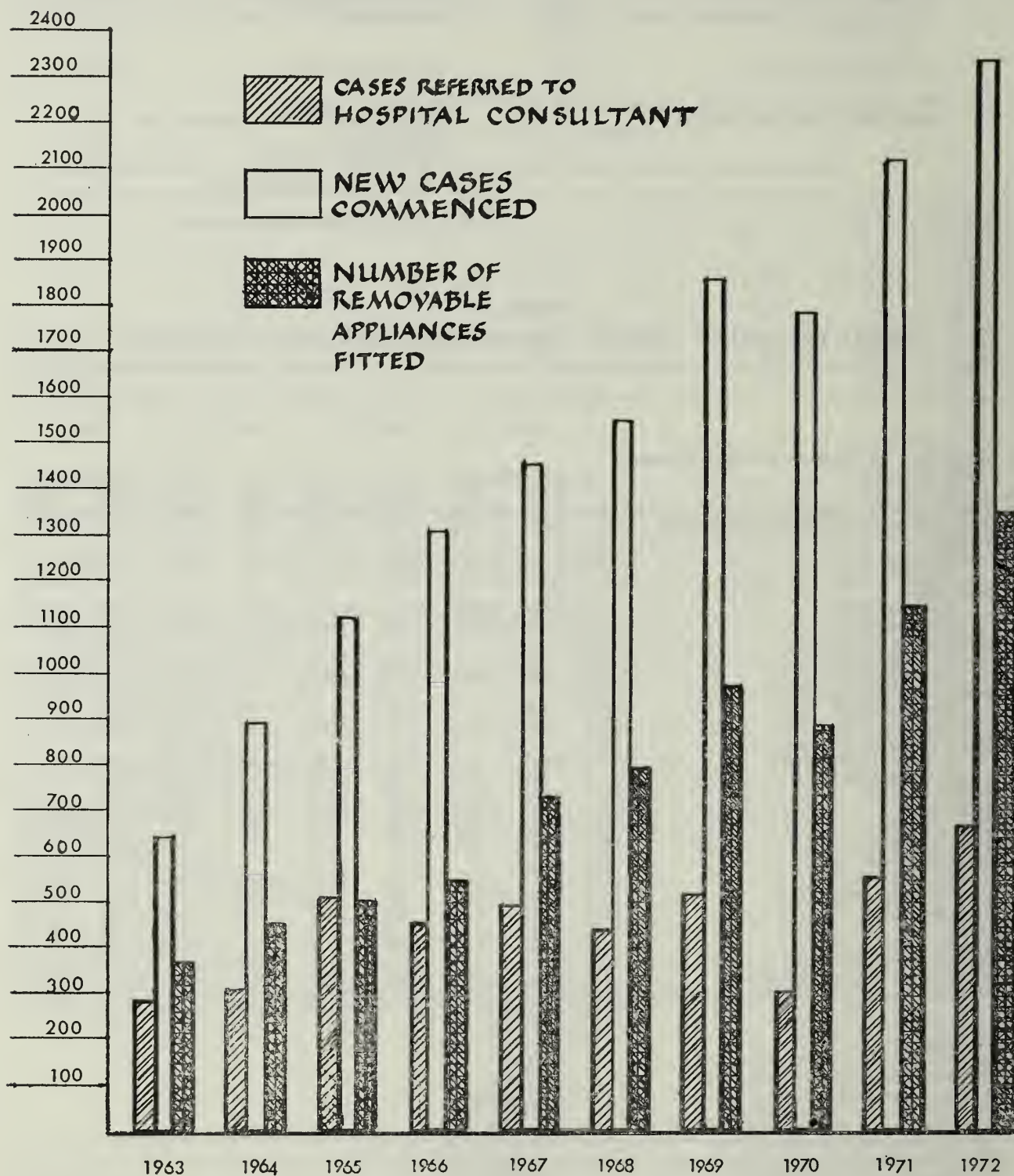


TABLE 25
HANDICAPPED PUPILS 1972

Category	Ascertainment		*Special Schools					Number receiving special educational treatment in ordinary school
	New cases ascertained during 1972	Number on register at 31.12.72	Number recmnd. for admission during the year	†Number admitted during the year	‡Number discharged during the year	Number attending at the end of the year	Number awaiting placement at the end of the year	
Blind ..	—	20	—	1	2	11	9	—
Partially sighted ..	3	48	3	4	3	24	6	13
Deaf ..	7	67	9	7	5	59	4	4
Partially hearing ..	12	133	4	4	4	51	1	81
Delicate ..	39	224	26	18	26	59	5	90
Physically handicapped ..	78	350	26	22	7	115	13	110
Educationally sub-normal ..	196	1,379	190	140	144	1,093	215	588
Maladjusted ..	119	379	98	67	61	224	47	50
Epileptic ..	2	15	1	4	—	13	—	2
Speech defective ..	7	26	4	3	1	20	6	13
Total ..	463	§2,641	361	270	253	1,669	306	951

*Includes boarding houses and hostels: excludes hospital schools and spastic unit.

†Or transferred to Hampshire.

‡Includes children who reached the age of 16, even though they remained at special school.

§1.47% of the school population.

This Table shows the number of handicapped children formally ascertained as handicapped pupils and requiring special educational treatment. It does not include the great number of children known to be handicapped but not formally ascertained as handicapped pupils.

TABLE 26
DELICATE PUPILS – DIAGNOSIS

Diagnosis	New Cases	Total on Register
Asthma ..	15	107
Bronchitis ..	—	5
Congenital heart disease ..	7	30
Cystic fibrosis ..	2	9
Diabetes ..	1	9
General debility ..	3	19
Haemophilia ..	1	3
Hydrocephalus ..	—	1
Nephritis ..	1	3
Upper respiratory tract infection ..	—	2
Obesity ..	—	1
Rheumatism ..	—	1
Still's Disease ..	1	2
Bronchiectasis ..	—	1
Ectopia Vesicae ..	—	1
Pituitary Insufficiency ..	—	1
Soiling and Enuresis ..	1	3
Congenital Dislocation Hips, and Talipes ..	—	1
Dietary Intolerance ..	—	1
Cerebral Palsy (mild) ..	1	2
Leukaemia ..	—	1
Anaphylactoid Purpura ..	—	1
Benign Myopathy ..	1	1
Dextrocardia ..	1	1
Splenomegaly ..	1	1
Hypocholesterolaemia, obesity and behaviour problem ..	1	1
Psoriasis and emotional problems ..	1	1
Blood Dyscrasia ..	1	1
Other Conditions (previously classified) ..	—	14
Total ..	39	224

Three children with diabetes were sent on holidays organised by the Diabetic Association.

TABLE 27
PHYSICALLY HANDICAPPED PUPILS - DIAGNOSIS

<i>Diagnosis</i>	<i>New Cases</i>	<i>Total on Register</i>
Cerebral Palsy	34	133
Meningomyelocele (including Hydrocephalus)	16	92
Achondroplasia	—	1
Congenital heart disease	2	6
Congenital malformations (other)	—	26
Myopathy	7	21
Dyslexia	—	1
Cerebral tumour	—	1
Paralysis due to injury	2	8
Poliomyelitis	—	7
Fragilitas Osseum	—	2
Meningitis	1	2
Renal Rickets	—	1
Retarded Physical Development	—	1
Still's Disease	—	2
Spino-Cerebellor degeneration	—	3
Hypsarrhythmia	4	5
Incontinentia Pigmentosa	—	1
Rheumatoid Arthritis	1	1
Cystinosis	—	1
Atonia of Lower Limbs and Rectum	—	1
Haemophilia	1	1
Arthrogryposis	1	1
Encephalitis and Hydrocephalus	1	1
Motor neurone disease	1	1
Congenital ataxia	1	1
Imperforate anus	1	1
Neurolipidosis	1	1
Diatrophic dwarfism	1	1
Erb's Palsy	1	1
Spinal muscular atrophy	1	1
Fractured skull	1	1
Other Conditions (previously classified)	—	23
	78	350

TABLE 28
EDUCATION OF CEREBRAL PALSIED CHILDREN

Attending Special Schools	42
Attending Special Units—Cosham (LEA)	24
Southampton (LEA)	1
Southampton (Spastic Society)	15
Odstock (LEA)	4
Poole (Spastic Society)	4
West Mead (LEA) Berks.	1
White Lodge (Spastic Society) Berks.	6
Attending Ordinary Schools	31
Attending Playgroups	1
Receiving Home Tuition	—
Awaiting Residential Special Schools or Spastic Units	4
	133

TABLE 29
CHILDREN WITH MULTIPLE HANDICAPS
As at 31st December, 1972

<i>Double Defect Cases</i>					<i>Triple Defect Cases</i>			
<i>Major Handicap</i>	<i>Secondary Handicap</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>Combination of Defects</i>	<i>M</i>	<i>F</i>	<i>T</i>
Blind	Physically Handicapped	—	1	1	Partially Hearing Educationally Sub-normal Delicate	1	—	1
	Partially Hearing	—	1	1				
	Educationally Sub-normal	1	—	1				
Partially Sighted	Deaf	—	1	1	Educationally Sub-normal Blind Epileptic	—	1	1
	Educationally Sub-normal	—	1	1				
Deaf	Partially Sighted	1	—	1				
	Educationally Sub-normal	—	1	1	Educationally Sub-normal Partially Sighted Physically Handicapped	2	1	3
Partially Hearing	Physically Handicapped	2	—	2				
	Speech Defective	1	—	1				
Educationally Sub-normal	Educationally Sub-normal	1	—	1	Epileptic Maladjusted Educationally Sub-normal	—	1	1
	Physically Handicapped	12	5	17				
	Maladjusted	7	—	7				
	Epileptic	1	6	7	Educationally Sub-normal Partially Hearing Speech Defective	1	—	1
	Delicate	3	2	5				
	Blind	1	—	1				
Epileptic	Partially Hearing	1	—	1	Partially Sighted Physically Handicapped Educationally Sub-normal	—	1	1
	Partially Sighted	2	—	2				
	Educationally Sub-normal	1	5	6				
Physically Handicapped	Educationally Sub-normal	5	2	7	Partially Sighted Physically Handicapped Educationally Sub-normal	—	1	1
	Epileptic	6	—	6				
	Educationally Sub-normal	8	—	8				
Maladjusted	Physically Handicapped	2	—	2	Partially Sighted Physically Handicapped Educationally Sub-normal	—	1	1
	Partially Hearing	1	—	1				
	Physically Handicapped	—	2	2				
Speech Defective	Educationally Sub-normal	6	—	6	Partially Sighted Physically Handicapped Educationally Sub-normal	—	1	1
	Partially Sighted	1	—	1				
	Partially Hearing	—	1	1				
Delicate	Educationally Sub-normal	—	1	1				
Total		63	29	92	Total	4	4	8
Total 1971		57	25	82	Total 1971	4	3	7

Special Schools for the Educationally Sub-Normal

(a) COMPTON DIAGNOSTIC UNIT

During 1972 17 children were discharged with recommendations or placement as follows:—

TABLE 30

To attend residential special schools for educationally sub-normal pupils	..	..	9
To attend day special school for educationally sub-normal pupils	..	..	2
Left County to attend school for maladjusted pupils	..	..	1
To attend school for autistic children	..	..	1
To attend hospital school for epileptics	..	..	1
To attend hospital for assessment	..	..	1
To home address	..	..	2
			<hr/> 17

(b) RESIDENTIAL SPECIAL SCHOOLS

At the end of the year the number attending the Authority's Residential Special Schools (other than the Diagnostic Unit) was as follows:—

TABLE 31

Rosemary Portal	..	..	..	67 (including 8 day pupils)
Lankhills	..	..	..	126 (including 15 day pupils)
Pitmore (opened in February, 1972)	..	..	..	33

(c) DAY SPECIAL SCHOOLS

At the end of the year the number of children attending the Authority's Day Special Schools was:—

TABLE 32

Aldershot, The Grange	..	..	..	..	..	51
Alton, Whitedown	..	..	..	..	..	34
Andover, Icknield	..	..	..	..	..	37
Andover, Norman Gate	..	..	..	..	..	108
Basingstoke, Limington House	..	..	..	..	..	53
Basingstoke, Maple Ridge	..	..	..	..	..	55
Christchurch, John Farmer	..	..	..	..	..	36
Eastleigh, Tankerville	..	..	..	..	..	43
Farnborough, Greencroft	..	..	..	..	..	93
Gosport, Foxbury	..	..	..	..	..	110
Gosport, St. Francis	..	..	..	..	..	65
Havant, Middle Park	..	..	..	..	..	126
Havant, Rachel Maddocks	..	..	..	..	..	59
Totton, Forest Edge	..	..	..	..	..	94
Totton, Salterns	..	..	..	..	..	41
Winchester Greenacres	..	..	..	..	..	35
						1,040

TABLE 33
HOSPITAL SCHOOLS 1972

<i>Hospital School</i>	<i>Type of case chiefly dealt with</i>	<i>Number of H.C.C. children attended during year</i>
Bursledon Annexe to Southampton Children's Hospital	General long stay	85
Lord Mayor Treloar Hospital, Alton	Orthopaedics and general short stay	353
Coldeast Hospital, Sarisbury Green	Severe learning difficulties	46
Tatchbury Mount Hospital, Calmore	Severe learning difficulties	35
White House, Milford-on-Sea		
		519

TABLE 34
INFECTIOUS DISEASES

(a) Notification of Infectious Disease in Children Aged 5-14*

Scarlet Fever	..	..	..	..	73
Whooping Cough	..	..	..	..	14
Measles	..	..	..	..	317
Erysipelas	..	..	..	..	—
Pneumonia	..	..	..	..	—
Meningococcal Infection	..	..	..	..	5
Poliomyelitis	..	..	..	..	—
Encephalitis:					
Infective	..	..	..	..	—
Post-Infective	..	..	..	..	—
†Tuberculosis:					
Pulmonary	..	..	..	..	4
Non-Pulmonary	..	..	..	..	1
Dysentery	..	..	..	..	38
Food Poisoning	..	..	..	..	17
Paratyphoid Fever	..	..	..	..	—
Tetanus	..	..	..	..	—
Infective Hepatitis	..	..	..	..	61

(b) Non-notifiable Infectious Diseases Reported by Head Teachers

German Measles	..	..	..	..	177
Mumps	..	..	..	..	870
Chickenpox	..	..	..	..	704

*Includes children attending Private Schools.

†Aged 5-19.

TABLE 35

B.C.G. VACCINATION OF SCHOOL CHILDREN 1972

(a) Number offered vaccination	..	..	..	..	16,941
(b) Number tuberculin tested	..	..	..	..	14,392 – 84.95% of (a)
Positive results	..	..	..	..	1,290 – 8.96% of (b)
Negative results	..	..	..	..	12,474
Absent from reading	..	..	..	..	628
(c) Number vaccinated	..	..	..	..	12,414 – 73.28% of (a)

TABLE 36

CHILDREN FOUND VERMINOUS WITH HEAD LICE

School Groups	Numbers on Registers	Total Inspections	Total found verminous for the first time during year (nits with or without lice)					
			Boys		Girls		Both Sexes	
			No.	%	No.	%	No.	%
Primary or Nursery School Children	107,368	34,464	202	0.38	296	0.55	498	0.46
Secondary School Children	70,375	6,606	25	0.07	42	0.12	67	0.10
All ages	177,743	41,070	227	0.26	338	0.38	565	0.32

Note—These percentages are based on the assumption that there are equal numbers of both sexes on the register.

TABLE 37

DEATHS OF SCHOOL CHILDREN

Malignant disease (including leukaemia)	..	..	..	12
Heart and circulatory disease	..	..	..	5
Diseases of the nervous system	..	..	..	1
Pneumonia	..	..	..	5
Other diseases of respiratory system	..	..	..	4
Motor Vehicle Accidents	..	..	..	17
All other accidents	..	..	..	3
Other conditions	..	..	..	6
				53

Deaths from motor accidents continued to rise to the regrettably high level of 17 but there has been an encouraging fall in deaths from other accidents from 14 in 1971 to three in 1972.

School Meals and Milk

The County Education Officer has provided the following information:—

SCHOOL MEALS

During the year 481 departments were supplied with meals cooked on the premises and 73 with container meals supplied from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined from a return obtained on a sample day in the Autumn Term of each year) was:—

1967	106,015	1970	117,292
1968	109,807	1971	100,903
1969	115,521	1972	114,619

Of a total of 166,154 children in school on a day in October, 1972, 68.98% took a school meal.

The recovery in the demand for school meals continues but the percentage take-up is still below that obtained in 1970 (74.6%).

One Cooking Depot at Portchester is operated and continues to supply approximately 1,000 meals per day.

SCHOOL MILK

The number of children receiving free milk on a day in October, 1972 was:—

Nursery and Infant Schools	34,963	(93.22%)
Maintained Special Schools	962	(67.41%)

688 children of junior school age were receiving milk on health grounds.

Schemes for the sale of milk in junior schools were operated in 44 schools in October, 1972. 2,888 pupils purchased milk at that time.

TABLE 38
GENERAL STATISTICS

Number of School Children on Registers of Maintained Schools—179,167 (September 1972)

	<i>Nursery Schools</i>	<i>Special Schools</i>	<i>Primary Schools</i>	<i>Secondary Schools</i>	<i>Totals</i>
New School or Departmental Premises Opened	—	—	13	4	17
Permanent Closures	—	—	4	3	7
Number of Schools at 31.12.72:					
County	1	21	300	75	391
Voluntary	—	—	151	7	158
Total	1	21	451	82	549
Average number of children on School Registers in School Year 1971-72	46	1,349	111,551	67,171	180,117

